



AIMS OF EGYPT

Assessment of Governmental Mental Health System Egypt (2016-2017)

New University of Lisbon, Faculty of Medical Sciences; World Health
Organization, Department of Mental Health and Substance Deficiency
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International Masters of Mental Health Policy and Services

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Key words: Assessment - Mental Health Services - Egypt - Governmental Sector.

Summary:

The main goal of this study is to collect information about the governmental sector of mental health system in Egypt using the WHO-AIMS. Collecting this information for the first time in the country can help us improve the mental health system and provide a baseline for monitoring the change. It will also be useful to monitor progress in implementing reform plan, policies and mental health act, providing general and specialized Psychiatric services, monitor the human resource development, and mental health services financing, research, quality improvement, promotion of mental health and public awareness campaigns. Data for this study was collected in 2017 and based on the year 2016.

Egypt has a mental health plan and mental health legislation should be regulates the services. Treatment, including the supply of psychotropic drugs is provided free by the government for inpatient and outpatient clinics.

Explore of mental health services represents a type of new study that focuses on spatial analysis to measure the availability and delivery of health care to the population, and how to allocate resources.

Current Mental Health act in Egypt applied on mental health hospitals affiliated to Ministry of Health (Governmental and Private sectors) but not applied on University Hospitals and Military Hospitals.

The Numbers of all the health team is still less than the international standards; however General Secretariat of Mental Health and Addiction Treatment provide continuous training for mental health providers.

There should be an improvement in the rehabilitation programs in the community that help discharged patients to merge normally in the community and post discharges follow up.

Resumo:

O principal objetivo deste estudo é obter um conjunto de informações sobre o setor público do sistema de saúde mental no Egito, usando o WHO-AIMS. A obtenção destas informações, pela primeira vez no país, pode ajudar-nos a melhorar o sistema de saúde mental, permitindo uma avaliação inicial para acompanhar a mudança. Estas informações serão ainda úteis para o acompanhamento da implementação do plano de reforma, das políticas e de outras acções de saúde mental, incluindo as que são desenvolvidas nos serviços psiquiátricos gerais e especializados, e as que dizem respeito ao desenvolvimento de recursos humanos, ao financiamento de serviços de saúde mental, à investigação, à melhoria da qualidade e da promoção da saúde mental e às campanhas de consciencialização pública.. Os dados para este estudo foram colhidos em 2017 e referem-se ao ano de 2016.

O Egito tem um plano e uma legislação de saúde mental. O financiamento é maioritariamente destinado ao funcionamento dos serviços, à formação de profissionais e à disponibilização da medicação essencial. O tratamento, incluindo a disponibilização de drogas psicotrópicas, é fornecido gratuitamente pelo governo nos serviços de internamento e no tratamento ambulatorio.

Este estudo sobre o sistema de saúde mental representa uma nova abordagem no país que se concentra na análise geográfica para medir a disponibilidade e a prestação de cuidados de saúde à população, podendo contribuir para uma melhor distribuição dos recursos.

Os maiores desafios incluem o facto do Plano de Saúde Mental no Egito ser aplicado nos hospitais de saúde mental afiliados ao Ministério da Saúde (setores governamental e privado), mas não nos hospitais universitários e nos hospitais militares. O facto da equipa do Ministério (Secretaria Geral de Saúde Mental e do Tratamento das Dependências), responsável pela implementação, ser reduzida face aos padrões internacionais, é outro desafio. No entanto, esta equipa continua a disponibilizar formação contínua para os profissionais.

Deverá existir uma melhoria dos programas de reabilitação na comunidade, que permitirá suportar os planos para a alta as pessoas com doenças mentais, facilitando a integração na comunidade e a continuidade de cuidados.

Resumen:

El objetivo principal de este estudio es recopilar información sobre el sector gubernamental del sistema de salud mental en Egipto utilizando el WHO-AIMS. La recopilación de esta información por primera vez en el país puede ayudarnos a mejorar el sistema de salud mental y proporcionar una línea de base para monitorear el cambio. También será útil monitorear el progreso en la implementación del plan de reforma, políticas y ley de salud mental, proporcionar servicios psiquiátricos generales y especializados, monitorear el desarrollo de recursos humanos y financiamiento de servicios de salud mental, investigación, mejora de la calidad, promoción de la salud mental y conciencia pública campañas. Los datos de este estudio se recopilaron en 2017 y se basaron en el año 2016. También será útil monitorear el progreso en la implementación del plan de reforma, las políticas y la ley de salud mental, proporcionar servicios psiquiátricos generales y especializados, supervisar el desarrollo de los recursos humanos y la salud mental servicios de financiación, investigación, mejora de la calidad, promoción de la salud mental y campañas de sensibilización pública.

Egipto tiene un plan de salud mental y la legislación de salud mental debe regular los servicios. El tratamiento, incluido el suministro de medicamentos psicotrópicos, es brindado por el gobierno de forma gratuita para las clínicas para pacientes internados y ambulatorios.

La exploración de los servicios de salud mental representa un tipo de nuevo estudio que se centra en el análisis espacial para medir la disponibilidad y la prestación de servicios de salud a la población, y cómo asignar recursos.

La ley actual de Salud Mental en Egipto se aplica en los hospitales de salud mental afiliados al Ministerio de Salud (sectores gubernamental y privado) pero no se aplica en hospitales universitarios y hospitales militares.

Los números de todo el equipo de salud aún son inferiores a los estándares internacionales; sin embargo, la Secretaría General de Salud Mental y Tratamiento de Adicciones brinda capacitación continua a los proveedores de servicios de salud mental.

Debería haber una mejora en los programas de rehabilitación en la comunidad que ayudan a los pacientes dados de alta para que se fusionen normalmente en la comunidad y después del seguimiento de altas.

Attestation

I declare that this work is original except where indicated by special reference in the text and no part of the dissertation has been submitted for any other degree.

Any views expressed in the dissertation are those of the author.

The dissertation has not been presented to any other university for examination.

Signed:

Sally Noby

A handwritten signature in black ink, appearing to read 'Sally Noby', with a stylized flourish at the end.

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NOVA Medical School, Masters of Mental Health Policy and Services 2018

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List of Abbreviations

WHO	World Health Organization
AIMS	Assessment Instrument of Mental Health System
GSMHAT	General Secretariat of Mental Health and Addiction Treatment
EMRO	Regional Office for the Eastern Mediterranean
MOHP	Ministry of Health and Population
NGO's	Non–Governmental Organization
MHS	Mental Health Hospital

1. Abstract

The main goal of this study is to collect information about the governmental sector of mental health system in Egypt using the WHO-AIMS. Collecting this information for the first time in the country can help us improve the mental health system and provide a baseline for monitoring the change. It will also be useful to monitor progress in implementing reform plan, policies and mental health act, providing general and specialized Psychiatric services, monitor the human resource development, and mental health services financing, research, quality improvement, promotion of mental health and public awareness campaigns. Data for this study was collected in 2017 and based on the year 2016.

Egypt has a mental health plan and mental health legislation. Financing is mainly oriented towards the services training of health workers and providing essential drugs. Treatment, including the supply of psychotropic drugs is provided free by the government.

In the context of setting the direction for development, the community needs and the gap in providing services should also be determined. It is clear that the Egyptians are still facing many problems concerning mental health services for example problems concerning availability of inpatient services, problems of restraint and seclusion (under medical supervision) and problems related to involuntary admission for some cases.

2. Background

2.1 Literature Search and Review:

Last assessment of mental health system of Egypt was reviewed in 2006⁽¹⁾. The World Health Organization Assessment Instrument for Mental Health Systems (WHO AIMS) was used to collect information on the mental health system of Egypt. The project in Egypt was implemented by the WHO-AIMS country team in General Secretariat of Mental Health and Addiction Treatment, Ministry of Health and Population. AIMS publication has been produced by the WHO, Country Office of Egypt in collaboration with WHO, Regional Office for the Eastern Mediterranean (EMRO), Cairo and WHO, Headquarters. At WHO Headquarters this work has been supported by the Evidence and Research Team of the Department of Mental Health and Substance Abuse, Cluster of Non communicable Diseases and Mental Health⁽⁵⁾.

Egypt is a Middle Eastern country in northeast Africa; Egypt is at the center of the Arab world. It is bordered by Libya to the west, Sudan to the south, the Red Sea to the east, and the Mediterranean Sea to the north. Egypt controls the Suez Canal, the shortest sea link between the Indian Ocean and the Mediterranean Sea. The country is defined by desert and the Nile, the longest river on Earth. The Nile flows north out of central Africa, cascading over the cataracts (waterfalls) through Upper (southern) Egypt and Lower (northern) Egypt to the Mediterranean Sea—with a mountainous desert to the east, a rolling drier desert to the west, and the vast Sahara to the south.

Ancient civilizations arose along the narrow floodplain of the Nile, protected by the deserts that were natural barriers to invaders. Egyptians take pride in their

rich heritage and in their descent from what is considered the first great civilization. Some 4,500 years ago Old Kingdom Egypt possessed enough peace and wealth to cultivate a culture devoted to the afterlife. Some 20,000 to 30,000 people were mobilized to construct the Great Pyramid at Giza for the pharaoh Khufu; at 147 meters (481 feet) high it was the tallest monument in the world for thousands of years—until the 19th century.

Egypt is Africa's second most populous country after Nigeria, and it has the highest population in the Arab world. About 95 percent of Egyptians live along the Nile—on less than 5 percent of Egypt's territory. The Nile Valley is one of the world's most densely populated areas, containing an average of 1,540 persons per square kilometer (3,820 per square mile). Most Egyptians are Muslim Arabs, but there is a Coptic Christian population of seven million.

The current population of Egypt is 93,557,953 based on the latest United Nations estimates. According to Central Agency for Public Mobilization and Statistics (CAPMAS) the country's population has increasing by 1 million people in only six months. Cairo is the most populated governorate with 9.51 million people.

Egypt population is equivalent to 1.25% of the total world population. Egypt ranks number 15 in the list of countries by population. The total land area is 995,560 Km² (384,388 sq. miles). 39.9 % of the population is urban (37,175,090 people in 2016). The median age in Egypt is 24.8 years.

General secretariat of Mental Health and Addiction Treatment (GSMHAT) is considered the main provider of service in the field of mental health in Egypt. It was established after the Ministerial Decree (No. 32) for the year 1998, as a

central administrative entity, directly affiliated to the Minister of Health, for management of mental health hospitals and centers. At the beginning, the General Secretariat included only five hospitals, at present eighteen hospitals and centers are affiliated to the General Secretariat, which provides mental health services around the country.

GSMHAT is under direct supervision of the Minister of Health; and applies the Psychiatric Patients Welfare Act (Act No. 71 of 2009), in addition to the Civil Service Act (Act No. 18 of 2015) and other laws, regulations and decrees that regulate work within facilities.

In the last few years, the number of patients with mental disorder seeking help from the health care system has grown significantly throughout the country. Lack of human and financial resources for community mental health is a significant barrier to progress in the treatment of patients in the community.

There is a disproportionate distribution of mental health facilities and services between urban and rural areas, as they are more prevalent in urban areas (especially in large cities) than in rural areas. They are deficient in areas such as Sinai, Matrouh, Hurghada, and New Waadi. In addition, there is a deficiency of community and preventive mental health services all over the country ⁽⁴⁾.

Many systems in Egypt are providing mental health services. General Secretariat of Mental Health that manage the governmental psychiatric hospitals, General administrative in MOHP, which supervise private mental hospitals, NGO's and outpatient clinics all over the country, University psychiatric hospitals under supervision of Ministry of High Education and psychiatric departments in hospitals under supervision of Ministry of Interior and

Ministry of Defense⁽⁵⁾.

General secretariat of Mental Health and Addiction Treatment (GSMHAT) is considered the main provider of service in the field of mental health in Egypt, which our study describes it.

2.2 Justification:

With the beginning of the last decade, the field of mental health has undergone a major shift in the vision through which mental health services are provided in Egypt. Increasing focus has been given to early intervention and the culture of recovery as well as making changes that help improve the wellbeing of the society in general and the mental health in particular. This shift has made a significant difference to the people's experience with the provided mental health services and it will continue to be the cornerstone for future improvements of services.

This change has manifested in the increasing in investments in mental health services, and the organization of various awareness-raising campaigns for mental disorders, and national program to combat the stigma of mental illness and to prevent discrimination against the mentally ill people. It is also manifested in the development and implementation of a national legislation that regulates mental health services; The Psychiatric Patients Welfare Act (Act No. 71 of 2009).

These changes lead to the emergence of a need to develop both general and specialized mental health services; (for example: children, adolescents, addiction, etc.). The pace and scope of changes and the improvement of mental health services are very obvious; however, much room remains for

further development of services towards objectives laid carefully in advance.

At the beginning, the General Secretariat included only five hospitals, at present eighteen hospitals and centers are affiliated to the General Secretariat, which provides mental health services around the country.

The governmental services for mental health through GSMHAT expanded in all domains of mental health assessment during the last 10 years, which need to reassessment by this study.

3. Objectives

3.1 General Objective:

– Assess development of Governmental mental health system through the following domains:

- **Policy and legislation**

- Mental health policy
- Mental health plan
- Mental health legislation

- **Mental health services**

- Organizational integration of mental health hospitals services
- Mental health inpatient facilities
- Mental health outpatient facilities
- Forensic inpatient units
- Other residential facilities

- **Mental health in PHC**

- Physician-based primary health care

- Availability of essential psychotropic medicines
- Interaction with complementary/alternative/traditional practitioners
- **Human resources**
 - Number of human resources
 - Training professionals in mental health
- **Public Education and Links With Other Sectors**
 - Public education and awareness campaigns on mental health
 - Links with other sectors: formal collaboration
 - Links with other sectors: activities
- **Researches**
 - Mental health research

3.2 Specific Objectives:

- Identify major weaknesses and challenges in mental health systems according to the collecting data for improve the services and prepare public mental health action plan.
- Explore strength points in mental health system for allocate resources in appropriate way.

3.3 Subsidiary objective:

The data collection is step to improve the mental health system in Egypt according to international standards.

4. Project work plan

4.1 Methods:

- Data collection (direct contacts, phone contacts and official letters) mental health providers, different administrations in GSMHAT and hospitals and centers affiliated to it and National Council for Mental Health.

- WHO–AIMS module:

WHO–AIMS were developed to assess key components of a mental health system and thereby provide essential information to strengthen mental health systems. WHO–AIMS is based on the WHO strategy to provide information–based mental health assistance to countries within the WHO Mental Health Global Action Plan (mhGAP), as endorsed by WHO's governing bodies. Through WHO–AIMS it is possible to identify major weaknesses in mental health systems in order to have essential information for relevant public mental health action.

WHO–AIMS 2.2 consists of six domains (covering the 10 World Health Report 2001 recommendations through 28 facets and 156 items). The six domains are interdependent, conceptually interlinked, and somewhat overlapping. All six domains need to be assessed to form a relatively complete picture of a mental health system ⁽²⁾.

The implementation of WHO–AIMS can generate awareness and facilitate improvement in mental health services. WHO–AIMS data should assist in developing information–based mental health plans with clear baseline information and targets.

- Developing a descriptive report:

- WHO–AIMS Domains: Domain chapters include the assessments made in the country, providing a summary of the data for each domain.
- Discussion and recommendations for the next steps in planning mental health action.

4.2 Inclusion criteria:

- All mental health hospitals and administrations affiliated to General Secretariat of Mental Health and Addiction Treatment–Ministry of Health.

4.3 Exclusion criteria:

- All private mental health hospitals and institutions.
- Institutions and mental health services affiliated to Ministry of Higher Education, Ministry of Interior and Ministry of Solidarity and social justice.

4.4 Study hypotheses:

- 1– Mental health system in governmental sectors has improved over the last ten years which reflected on the services provided to mentally ill patients.
- 2– Development of mental health law and policy are reflected in the quality of services provided to psychiatric patient and protects his rights.
- 3– Improved mental health awareness, wellbeing and social inclusion.

4.5 Study design:

This is a cross–sectional descriptive study. That carried out at the General Secretariat of Mental health and addiction treatment and eighteen hospitals and

centers are affiliated to it, which provides mental health services around the country.

4.6 Choosing partners:

- The Head of administrative departments in General Secretariat of Mental Health and Addiction Treatment (Training department, Research department, Media and Public relation department, Information technology department, General administration of hospital affairs, Specialized services department).
- Mental Health providers (doctors, nurses, psychologists, social workers, administrative, other mental health providers) in the hospitals and centers affiliated to GSMHAT.
- Director of General Administration of the Councils' affairs at National Mental Health Council, Manager of the Patient's Rights General Administration at National Mental Health Council.

4.7 Selection of instruments:

- Development of an instrument for the description and classification of mental health services.

4.8 Collecting data:

The information collected through WHO-AIMS represents the governmental sectors in the mental health system for 2016–2017.

We will contact the governmental institutions (e.g. ministries, national organizations/institutions) that are supposed to have information.

- Data Sources at the Regional Level to check the availability of information

may directly contact (e.g. phone) representatives of governmental institutions.

Type of information's:

- Kind of mental health information do they regularly collect.
- Kind of mental health information do they report.
- Kind of other information do they keep records on (but do not routinely report).
- Whom do they report the information.
- It may be necessary to contact those central institutions report.

It may also be helpful to have joint meetings – where representatives of different regional levels are invited to a meeting – to give necessary explanations. Alternatively, national institutions may draft a letter in support of the data collection process from regions.

4.9 Data Sources at Facility Level

Often central or regional governmental institutions have little data available. Fortunately, mental health facilities often have considerable information available. However, they may not keep the data in a systematic or easily accessible manner. The challenge here is how to find the most effective and efficient way to get in contact with all the facilities and to access these data.

Steps to be considered

1. Make a list of all the existing mental health facilities in the country that need to be contacted.
2. Obtain contact details of key persons in each facility.
3. It can be helpful to use a fax machine to send and receive data and

official letters.

4. It can be extremely helpful to phone or meet the key persons in each facility in order to discuss how to best collect the information.

5. Survey and field visits to governmental mental hospitals (eighteen hospitals) and primary care units for collect information, explore and evaluate mental health services provided.

4.10 Data handling and record keeping:

- Excel sheet use to describe the data will be collected (e.g. human resources, inpatients and outpatients in mental hospitals, financial budget etc.).
- Double entry method use in implementation of data to ensure the validity.

4.11 Kinds of data:

There are two different kinds of data in WHO–AIMS quantitative items and multiple–choice items. To calculate country–level data on the basis of data collected at the facility level for each of these two types of data, please consider the following:

QUANTITATIVE ITEMS, where the measure is a number, a rate or a proportion. The total value is calculated by adding up the values obtained from all the different mental health facilities.

4.12 Adaptation, translation, back–translation procedure:

Adaption process will be carried out for Arabic version. Translation to Arabic and back–translation procedures will be carried out by professional translators with assistance of mental health experts.

4.13 Ethical considerations:

Permission will be obtained from the Secretary General of General Secretariat of Mental Health and Addiction treatment. Every participant will be introduced directly to the aims and procedures of the study to decide if she/he would like to participate.

4.14 Reporting and Dissemination (Finding results):

The results of this study presented in Partial Fulfillment of the Requirements for the Degree Master of International Mental Health in the Medical School of New University of Lisbon, Portugal.

5. Mental health Plan, Policy and Legislations

(First domain)

(Data collected from general administration department of mental health hospitals, training department and quality department at GSMHAT and from Mental Health Council in Egypt)

General Secretariat of Mental Health and Addiction Treatment (GSMHAT) is considered the main provider of service in the field of mental health in Egypt (Ministry of Health); it was established after the Ministerial Decree (No. 32) for the year 1998.

This strategic plan addresses several critical points facing the General Secretariat of Mental Health and Addiction Treatment (GSMHAT). Most importantly the plan faces the need of a clear plan to achieve strategic goals and needs in the upcoming period. It also serves to direct the different departments and hospitals in GSMH to a unified pathway to achieve realistic, important, and measurable goals in the designated time frame ⁽⁹⁾.

The primary benefit from such a plan can be summarized in the focusing all efforts to achieve prioritized strategic tasks and goals that will evidently raise the productivity and quality of services offered through 18 hospitals distributed across Egypt.

The plan also aims to point out the financial requirements associated with the proposed goals and investments. This important factor will help the GSMH understand and evaluate its decisions, and resolve any expected delays in the action/work plan.

5.1 Action plan:

The process started in 2015 by monitoring and evaluating the situation in most of the 18 hospitals in the GSMH. Most of the hospitals suffered from poor infrastructure, poor quality of services, poor management of personnel, massive financial problems, and poor communication between GSMH and the hospital. The evaluation process depended mainly on personal visits by the head of planning and monitoring department, the head of architectural department, and the head of therapeutic affairs. This phase of the plan continued for 3 months.

Next, an action plan for interviewing the department heads, and hospital managers was designed. This phase took place mainly in the GSMH, where most of the interviews took place. The personal assistant of the General Secretary of Mental Health, and the head of planning and monitoring department interviewed more than 10 department heads in the GSMH, and 18 hospital directors, over a period of 2 months. Also a work group made up of several department heads was asked to brain storm and come up with a new mission statement, vision and values for the GSMH.

Thirdly all the gathered data, information, and visions were grouped and assimilated to fit the general plan of the architectural department. They were prioritized according to need, importance, and size of projects. The plan was fitted into the general plan of the architectural department due to the dependence of most future plans on work that will be delegated to and done by this department. This step continued for about 3months.

Finally, the strategic plan was formulated and written (2015–2016). The proposed plan and strategies were put into a time line to be followed easily and clearly. This plan was reviewed by the General Secretary of Mental Health and Addiction Treatment to be approved, and finally given to all the hospital directors and department heads ⁽⁹⁾.

In this context, the current plan of the GSMHAT is based on the general framework of objectives of the strategic development plan of the MOH set by His Excellency, the Minister of Health; which forms a main strategic axis for development in all sectors as follows:

- Achieving better equitable health outcomes that lead to more prosperity and promotes economic development.
- Achieving full health care coverage so that all Egyptians can access good and safe health care services when needed, without incurring financial burdens.
- Increasing investments in health care, with optimal utilization of available resources.
- Developing and strengthening public health programs that promote and protect health.
- Ensuring the quality and safety of health services. Improving the mental health services management to ensure efficiency, accountability and transparency at all levels.

Vision

Quality mental health services delivered to all Egyptians everywhere across Egypt.

Mission

Reaching high quality standard mental health services, dispensing and excel improve centers for mental health service across the country, raising awareness of mental illness to combat the stigma of mental disorders.

Domain 1: Leadership and Governance

Domain 2: Optimizing the mental health services

Domain 3: Prevention and Awareness

Domain 4: Researches and Development

Domain 5: Human resources Development

1 Leadership & governance

Interventions

- Assign the governance structure (GSMH) to facilitate & monitor implementation of the multi–sectoral national policy/strategic action plan
- Advocate legislation related to mental health in line with international human rights covenants/ instruments.
- Include mental conditions in the basic health delivery package of the government & insurance reimbursement schemes.
- Increase & prioritize budgetary allocations for addressing the agreed upon service targets & priorities.

Proposed KPI

- Finalization of an operational/ multisectoral national mental health policy/plan in line with international/regional human rights instruments.
- Establishment of updated mental health legislation in line with international/regional human rights instruments
- Inclusion of mental health conditions in basic packages of health care, of public and private insurance / reimbursement schemes.

2 Reorientation and Scaling Up of Mental Health Services

Interventions

- Actively using current resources more effectively
- Delivering increased access for infants, children and youth while building resilience and averting future adverse.
- Delivering increased access for adults with addiction while increasing service integration and effectiveness.
- Establish mental health services in general hospitals for outpatient care.
- Building Infrastructure for integration between primary health care & specialist services.
- Integrate delivery of evidence-based interventions for mental conditions in primary health care, supported by referral systems.
- Integrate delivery of interventions for mental health conditions into priority health programs.

- Reorganizing the existing long-stay mental hospitals to match quality standards & ensure protection of the rights of people with mental health condition.
- Embed mental health and psychosocial support in national emergency preparedness, also ensuring strengthening of mental health systems as part of recovery.
- Train emergency responders to provide psychological first aid.
- Strengthen the capacity of health professionals for recognition and management of mental conditions during emergencies.
- Implement evidence informed interventions for psychosocial assistance to vulnerable groups.
- Developing & Implementing National evidence-based guidelines for management of high needs mental disorders.
- Establishing community based centers for delivering continuing services for psychiatric disorders for demanding population.
- Developing, training & implementation of evidence-based national guidelines for the management of mental disorders.

Proposed KPIs

- Proportion of general hospitals which have mental health units including inpatient and outpatient units.
- Proportion of persons with mental health conditions utilizing health services
- Proportion of PHC facilities having regular availability of essential psychotropic medicines.

- Proportion of PHC facilities with at least one staff trained to deliver non-pharmacological interventions.
- Mental health and psychosocial support provision is integrated in the national emergency preparedness plans.
- Proportion of health care workers trained in recognition and management of mental conditions during emergencies.

3 Promotion and Prevention

Interventions

- Integrate recognition & management of perinatal mental disorders in maternal & child health programs.
- Integrate parenting skills training in general health programs.
- Integrate life skills education (LSE), using a whole school approach.
- Employ evidence-based methods to improve mental health literacy & reduce stigma.

Proposed KPIs

- Proportion of health workers trained in early recognition and management of maternal mental disorders
- Proportion of health workers trained to provide early childhood care and development and parenting skills to mothers and families.
- Proportion of schools implementing the LSE to promote life skills.

4 Information, Evidence and Research

Interventions

- Integrate the core indicators of mental disorders within the national health information systems.
- Routinely record & report suicides at national level.
- Enhance the national capacity to undertake prioritized research.
- Engage stakeholders in research planning, implementation and dissemination.

Proposed KPIs

- Routine data and reports at national level available on core set of mental health indicators.
- Annual reporting of national data on numbers of deaths by suicide.
- Number & scale of research projects in the field of mental health services.

5 Workforce Development

Interventions

- Developing a national development plan for supporting & strengthening our workforce
- Identify workforce development priorities for specialists (GSMH).
- Identify workforce development priorities for primary care & the wider general health care workforce.
- Training & reallocation of human force according to needs.

Proposed KPIs

- Decreased gap of the human resources.
- A mental health & addiction workforce with the capabilities & motivation to implement this Plan.

Monitoring progress

The GSMH will develop a set of outcome measures and key performance indicators (KPIs) that will be used to measure progress in implementing this Plan. Generally, the following few key measures that fit into the Plans' four overarching themes will be used to monitor progress.

1. Better use of resources/value for money

- Increase the percentage of time workers spend in direct service delivery.
- Increase the number of consult liaison contacts to specialist services from primary care.

2. Improving primary–specialist integration

- Increase access to primary care response for people with mental health and addiction problems.
- Increase access to specialist services for all age groups.

3. Cementing and building on gains for people with the highest needs

- Reduce and eliminate the use of seclusion in mental health inpatient settings.

4. Intervening early in the life cycle to prevent later problems

- Increasing availability of services for child and youth services.
- Increase access to child and youth services.

5.2 Partners and Responsibilities:

In order to achieve the vision, and reach set goals set in this plan, efforts from all the workforce's sectors in the Health services must be coordinated:

Ministry of Health: Has a main role leading the execution of this plan in mental health sector, coordinating with other governmental entities to guarantee a full

governmental approach towards improving mental health in Egypt, in addition the primary care providers will work in association with GSMHAT on using the available resources more effectively to achieve progress in executing this plan.

GSMHAT: Planners and investors, have an important role in enrolling priorities of this plan, and in planning the offered services to society. It also has a leading role to change and follow-up the progress that achieved at the national level. In addition to this, GSMHAT will need to use its abilities to support the primary care providers and the workforce in the health field on a larger scale to determine and address mental health issues across all sectors.

Other Ministries: Ministry of Education, Ministry of Higher Education, Ministry of Interior, Ministry of Solidarity and social justice, Ministry for Youth and Sports, Ministry of Local Development and others, in addition to the National Committees and social media, all have a significant role in this plan.

Other government entities: These also have a big influence on the people's life who suffers from mental health problems and addiction, so they need also to participate in the activity of executing this plan. This response is especially important since it is related to issues of injury or trauma, and to issues related to the income, living, education, work and social conflicts.

Non-governmental partners: (e.g: WHO) Through exchanging information and required experiences for training and providing personnel in mental health services field, and through supporting and strengthening offered service centers. They also have a role to participate with local entities in communicating with global strategies to execute a balanced achievable plan ⁽³⁾.

5.3 The Policies & Procedures at the General Secretariat of Mental Health

Different departments have developed internal regulation, guidelines, policies and procedures for delivering services. An example of specific policies:

- Therapeutic policy and procedures:

General Secretariat of Mental Health and Addiction treatment create a manual for therapeutic procedures which implemented in mental hospitals affiliated to General Secretariat.

Manual of procedures: 14 Sections

- Procedures for outpatient clinics
- Procedures for Emergency
- Procedures for Admission (voluntary and involuntary)
- Procedures for Discharge
- Procedures for Follow up (physical and psychological)
- Procedures for Therapeutic modalities
- Procedures for ECT
- Procedures for Seclusion and Restraints
- Procedures for High risk medication
- Procedures for Suicide
- Procedures for Confidentiality & consent
- Procedures for Referral system
- Procedures for Legislations
- Procedures for Documentation & medical records

General Secretariat of Mental Health and Addiction treatment developed 18 teams for internal auditing in 18 mental health hospitals, and update of therapeutic auditing form and report. Make central auditing of affiliated hospitals per week.

- The Addiction Department Policy

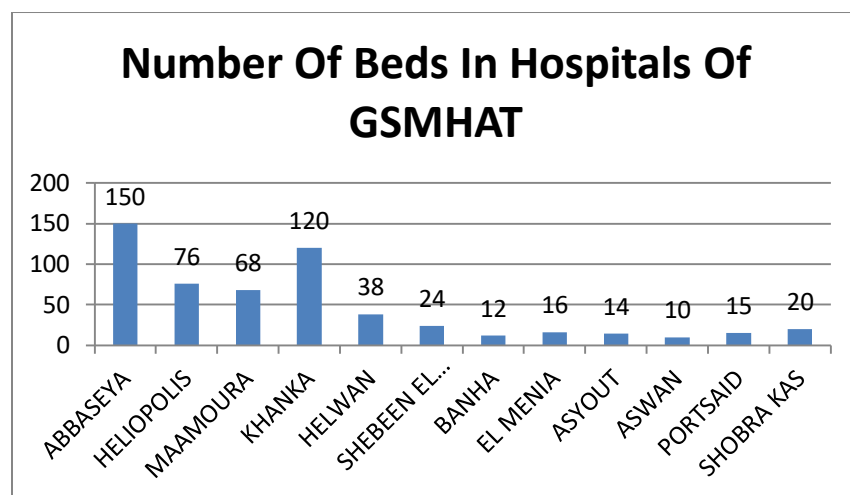
There are considerable regional variations in the overall rates of substance use/abuse in Egypt ⁽³⁾. However, the demographic risk factors are remarkably consistent across regions with only minor differences. Substance use and abuse have higher lifetime prevalence among young and middle aged males, less educated persons, working in technical or commercial jobs, with failed marriage, and living in urban areas (Cairo compared to other regions) and urban versus rural residence in Upper Egypt.

The study showed a decrease in the mean age of onset of drug use, and that the prevalence addiction is more in males than females with a gradual increase in alcohol addiction in the last 2 years. The findings also indicated an increase trend of injecting drugs which reached 2% among addicts in 2012. 28.3% of reported HIV infection occurred through injecting drugs. Prevalence of injecting drug users (IDU) was 7.7% in Cairo and 6.7% in Alexandria.

The prevalence of hepatitis C among IDU is estimated to be 63.5% and among addicts to be 31%. The survey done on admitted patients in public hospitals showed that the major drug of use was tramadol 59%, heroin 16.5% and cannabis 7%.

GSMHAT (MOHP) supervise 18 hospitals among which 15 hospitals provide the service for addiction treatment (outpatient, inpatient and day care units) with a total number of 563 beds (Graph 1).

Graph (1): distribution of beds in addiction service among mental health hospital



Working with the (MOI), ministry of justice (MOJ), and pharmaceutical department (MOHP) to develop a well-integrated policies and legislations in order to develop a suitable environment to reduce illicit drug use and supply which will in turn reduce drug demand, and to make sure that antinarcotics drug laws and (MOI) legislations would not interfere with any convicted addict's right for treatment.

- The Child & Adolescent department

Developed at the GSMHAT HQ to regulate the service providing and the general therapeutic guidelines including (place structure – Team formation – tool used (psychological assessment & therapeutic tools) – care pathway – unified patient registration form).

- Creation of daycare services for adolescents.

- Training of child psychiatry teams in preparation of starting new services in different hospitals.
- Therapeutic classes for ADHD children and parents.
- Creation of therapeutic program for treating substance misuse in adolescents.
- Creation of inpatient wards for treatment of adolescent females.
- Creation of daycare units for treatment of autism.
- Finalizing treatment guidelines for diagnosis and treatment for common disorders in children and adolescents.
- Centralized and on job training in child and adolescent psychiatry for employees wishing to specialize in this field.
- Team development in adolescent and child psychiatry department to reach 2 full time physicians, and 1 full time psychologist.

Clinical pathology labs:

- Providing needed equipment and furniture for labs.
- Providing all the needed employees from doctors and technicians in the hospital labs.
- Introducing clinical training for doctors and technicians in the form of on job and specialized training in GSMH.
 - Nursing department
- Producing a new nursing file that will be included in the new inpatient file.
- Basic training for all nursing staff in hospitals through the training department in GSMH.
- Specialized training in nursing services as a continuation of basic training.

- Unifying nursing staff uniform.
- Printing a basic information booklet for nurses on MOH standards and guidelines.
- Increasing numbers of nursing staff to increase productivity and decrease shortages in hospitals.
 - Pharmacy department
- Maintenance through periodic maintenance of pharmacy facilities and equipment.
- Installing new equipment in pharmacies, and storage areas.
- Identifying and facing shortages in storage rooms.
- Installation of new electronic pharmacy programs, and conversion to an electronic service for better monitoring and follow up.
- Creation of a centralized medication committee.
- Creation of supply chain department.
- Training of clinical pharmacists through the GSMH training department.
- On job training of pharmacists.
 - Infection control department
- Renovation of all basic service areas in hospitals associated with infection control like kitchens, and laundries.
- Contracting with specialized companies to gather and dispose of garbage and hazardous materials.
- Operating of garbage disposal facilities.
- Specialized training in infection control for all employees through on job training and centralized training in GSMH.

- Buying of hospitals needs from cleaning equipment and materials through a centralized committee in GSMH.
- Contracting with companies to operate hospital kitchens to produce fresh and reliable meals for inpatients.
 - Training department

New system:

- Creation of a televised system for training, so that central training is broadcast to all hospitals.
- Recording of all lectures to rebroadcast it to trainees and hospitals.
- Making the system more interactive between trainer and trainee, by introducing questions and a voting system.

Clinical training:

- Integration of psychiatric medicine in primary care facilities, through the training of PHC and family physicians.
- Having the previous degree of training available to all doctors inside and outside GSMH.

Monitoring:

- Integration of training with yearly evaluation and creation of a new credit hour system and CME.
- Monitoring of the effect of training on service given to patients.
- Training of second line trainers in hospitals to lead on job training instead of centralized training.
- Providing of short term scholarships for some skills that are needed in GSMH hospitals.

- IT department
 - Creation of a database for employees, pharmacy services, and finances.
 - Interconnecting hospitals for research purposes.
 - Training of personnel on basic IT services and data entry.
- General & local policies & procedures

Different hospitals have internal regulations for the admission, care pathway, outpatient management that follows the Mental Health Act and its working memorandum.

5.4 The Mental Health Act

Previous Mental Health act:

Egyptian law 141 (1944) was the law of detention of psychotic patients.

The Mental Health Act was issued by Presidential decree in 2009 which concentrated on human rights issues of patients within psychiatric facilities and on monitoring all processes and treatment procedures with these facilities. This law had 7 parts each cared about specific area concerning mental health care activities. The law 71 for the year 2009 took into consideration the limitation of the law 141 for the year 1944 also noted that advancement & varieties of medical & psychological treatment available. The law was designed to match the international requirements for psychiatric patient care.

It contained Seven Sections (50 Articles)

1) Section 1:

Article 1: definitions

Article 2: jurisdiction

Article 3: Licensing

Article 4: Register.

2) Section Two:

Councils of Mental Health:

A. First part: National Council for Mental Health.

B. Second part: Local Council for Mental Health.

3) Section 3 (Articles 10– 26):

Admission in mental hospitals:

A. Voluntary Admission.

B. Compulsory Admission.

C. Lodging by virtue of Decisions or Judicial Court rulings

4) Section 4 (Articles 27–35):

Treatment of a Psychiatric Patient:

(Treatment, Voluntary, Involuntary, Consent, ECT, Emergency, Community orders).

5) Section 5 (Articles 36–40):

Psychiatric Patients' Rights:

(List of rights, Awareness, Patient's rights committees, Physical Restraining)

6) Section Six: Mental Health Fund.

7) Section Seven: Penalties for physicians & psychiatric institutions.

The Mental Health Law 71 for 2009 is fully implemented. It promotes the rights of persons with mental disorders to exercise their legal capacity. It also promotes alternatives to coercive practice including voluntary admission, informed consent to treatment and substitutes for seclusion and restraints

In addition to the Mental Health Act, currently there is effort to introduce changes to the article 122 of 1989 from the anti-narcotic laws which states that a convicted addict could be referred for involuntary treatment in case of committing a crime under the influence of illicit drugs.

5.5 The National Mental Health Council:

The NMHC is the governmental body responsible for supervising the Mental Health Act 71 for the year 2009. Its main role is to develop the general policies for admission and treatment of mentally ill patients, policies for protection of rights of the mentally ill, policies for licensing facilities working in the field of mental health service providing, policies regulating the work of forensic psychiatry units.

Table (1): Number of governmental Mental Health hospitals under supervision of National Mental Health Council:

Regional councils	Mental hospitals under supervision of National Mental Health Council	
	Governmental hospitals	
Regional council (1)	6	
Regional council (2)	4	
Regional council (3)	3	
Regional council (4)	4	
Total	17	

Table (2): represent frequency of auditing of regional mental health councils /2017:

Regional councils	Auditing / 2017	
	Frequency	
Regional council (1)	31	
Regional council (2)	14	
Regional council (3)	9	
Regional council (4)	17	
Total	71	

Table (3): Voluntary and involuntary Admissions frequency supervised by NMHC /2017:

Regional council (1)		Regional council (2)		Regional council (3)		Regional council (4)		Total
Voluntary	involuntary	Voluntary	involuntary	Voluntary	involuntary	Voluntary	involuntary	
1006	599	557	309	153	195	166	107	3092
887	597	503	314	161	172	170	73	2877
838	621	571	306	190	170	209	92	2997
707	503	545	246	182	141	151	71	2546
998	645	684	309	187	202	172	126	3323
743	560	542	271	170	201	164	78	2729
938	561	632	278	175	229	179	78	3070
828	618	542	280	177	213	143	54	2855
821	627	561	305	169	224	160	90	2957
773	617	603	253	211	220	158	68	2903
849	711	637	273	245	263	181	73	3232
731	671	565	287	180	289	177	97	2997
10119	7330	6942	3431	2200	2519	2030	1007	35578
17449		10373		4719		3037		

Table (4): Represent Percentage of Voluntary and involuntary Admissions supervised by NMHC /2017:

	Total admission	Compulsory	%	Voluntary	%
Total	35578	14287	%40	21291	%60

Table (5): Represent number of auditing by human rights committee supervised by NMHC /2017:

Auditing for patient rights in the hospitals/2017	
By human rights committee	
228	

6. Governmental Mental Health Services in Egypt

(Second domain)

(Data collected from information system department, admission office and mental health providers of mental health hospitals, information system department, general administration of mental health hospitals and subspecialty departments at GSMHAT)

The main & governmental service providers are the General Secretariat of Mental Health & Addiction treatment. In addition there is different section participating in service providing such as Universities: psychiatry department – private sector – hospitals following the Ministry of Interior and Ministry of defense – NGO.

6.1 Governmental Mental health hospitals:

The total licensed facilities for providing mental health services are 18 governmental facilities (Table 6).

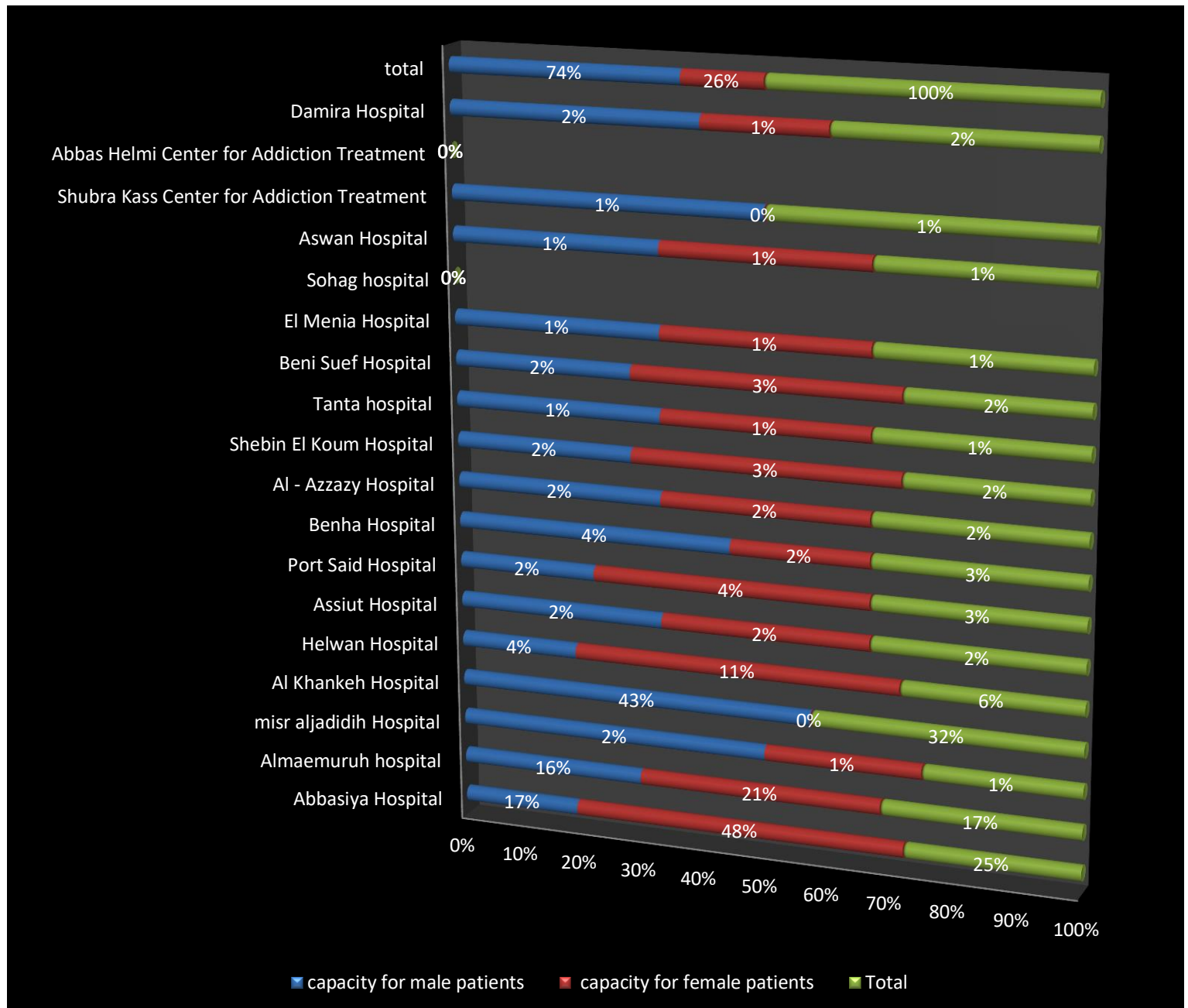
The GSMHAT has 18 hospitals & centers providing mental health & addiction treatment services in 13 governorates (out of 27).

The majority of beds in mental health hospitals (Graph 2) allocated for males (74%), that's most probably related to social issues in admission of female in mental health hospitals. In Egypt the decision of admission for male is taken by himself but for female often taken by male member in her family.

Table (6): The distribution of beds at governmental mental health hospitals:

Hospital Name	Number of Beds Male department		Number of Beds female department		Total	
	N	%	N	%	N	%
Abbassia Hospital	693	17%	688	48%	1381	25%
Almaemuruh hospital	633	16%	302	21%	935	17%
Misr– aljadidih Hospital	64	2%	10	1%	74	1%
El Khankeh Hospital	1755	43%	0	0%	1755	32%
Helwan Hospital	182	4%	153	11%	335	6%
Assiut Hospital	84	2%	28	2%	112	2%
Port Said Hospital	83	2%	57	4%	140	3%
Benha Hospital	156	4%	35	2%	191	3%
Al – Azzazy Hospital	78	2%	30	2%	108	2%
Shebin El Koum Hospital	68	2%	37	3%	105	2%
Tanta hospital	27	1%	13	1%	40	1%
Beni Suef Hospital	62	2%	42	3%	104	2%
El Menia Hospital	43	1%	10	1%	53	1%
Sohag hospital	0	0%	0	0%	0	0%
Aswan Hospital	46	1%	14	1%	60	1%
Shubra Kass Center for Addiction Treatment	30	1%	0	0%	30	1%
Abbas Helmi Center for Addiction Treatment	0	0%	0	0%	0	0%
Damira Hospital	75	2%	10	1%	85	2%
Total	4079	74%	1429	26%	5508	100%

Graph (2): The distribution of beds at governmental mental health hospitals:



The majority of female's capacity was in Abbassia Hospital which is the largest mental health hospital in the Middle East, it's centralized in Cairo. However, the majority of male capacity located in El-Khankah Hospital which is mental health hospital for male admission without female and admission of forensic male patients (Graph 2).

6.2 Admission in Mental Health Hospitals (December 2017)

Voluntary admission:

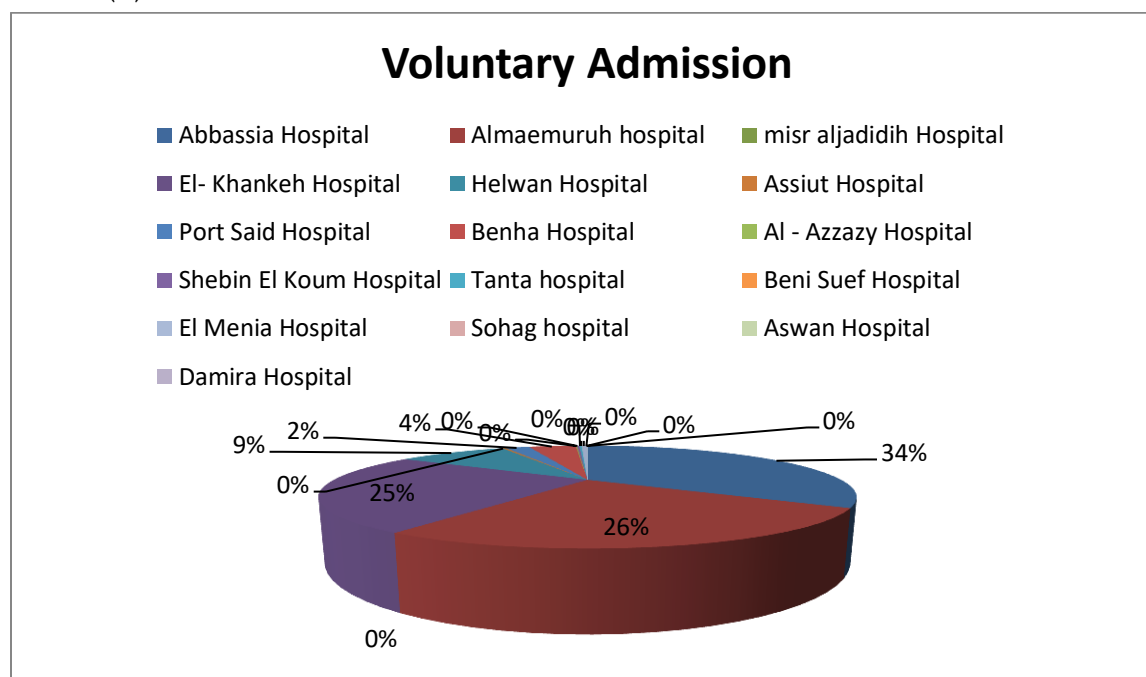
The minority of voluntary admission in mental health hospitals was at some governorates outside the central area, which was most probably related to decrease awareness about mental illness outside the capital cities (Table7).

Some hospitals had no voluntary admission (0%) due to its service provided for patients was outpatient clinic services and some hospitals had no voluntary departments for admission (Graph 3).

Table (7): voluntary admission among gender in mental health hospitals:

Hospital Name	Male		Female		Total	
	N	%	N	%	N	%
Abbassia Hospital	251	23.4%	291	54%	542	34%
Almaemuruh hospital	263	24.6%	152	28%	415	26%
misr aljadidih Hospital	1	0.1%	0	0%	1	0%
El- Khankeh Hospital	397	37%	0	0%	397	25%
Helwan Hospital	86	8%	59	11%	145	9%
Assiut Hospital	2	0.2%	4	0.7%	6	0.3%
Port Said Hospital	20	1.8%	12	2.2%	32	2%
Benha Hospital	43	4%	22	4%	65	4%
Al - Azzazy Hospital	2	0.2%	0	0%	2	0.1%
Shebin El Koum Hospital	4	0.4%	0	0%	4	0.2%
Tanta hospital	1	0.1%	3	0.5%	4	0.2%
Beni Suef Hospital	0	0%	1	0.2%	1	0%
El Menia Hospital	5	0.5%	3	0.5%	8	0.5%
Sohag hospital	0	0%	0	0%	0	0%
Aswan Hospital	0	0%	0	0%	0	0%
Damira Hospital	0	0%	0	0%	0	0%
Total	1071	67%	539	33%	1610	100%

Graph (3): voluntary admission in mental health hospitals:



Compulsory admission:

The study revealed the highest percentage of compulsory admission in December 2017 (80%) was for males (Table 8), and the highest frequency of compulsory admission was at Al Khankeh Hospital which the hospital has the forensic psychiatry admission (Graph 4).

Although the implementation of mental health acts in mental health hospitals, compulsory admission in December 2017 was more than voluntary admission (Table 9).

Mental health Council reported compulsory admission in mental health hospitals 2015–2016–2017 (Graph 5) which increased significantly after implementation mental health act most probably due to increase the supervision by Regional Mental Health Council for admission.

Table (8): Compulsory admission among gender in mental health hospitals:

Hospital Name	Male		Female		Total	
	N	%	N	%	N	%
Abbasiya Hospital	161	11%	106	27%	267	14%
Almaemuruh hospital	190	13%	101	26%	291	16%
misr aljadidih Hospital	0	0%	0	0%	0	0%
Al Khankeh Hospital	505	43%	0	0%	505	27%
Helwan Hospital	73	5%	18	5%	91	5%
Assiut Hospital	71	5%	21	6%	92	5%
Port Said Hospital	49	3%	33	9%	82	4%
Benha Hospital	87	6%	16	4%	103	5%
Al – Azzazy Hospital	106	7%	27	7%	133	7%
Shebin El Koum Hospital	45	3%	16	4%	61	3%
Tanta hospital	34	2%	21	6%	55	3%
Beni Suef Hospital	43	3%	7	1%	50	3%
El Menia Hospital	17	1%	6	2%	23	1%
Sohag hospital	0	0%	0	0%	0	0%
Aswan Hospital	36	2%	4	1%	40	2%
Damira Hospital	76	5%	5	1%	81	4%
Total	1493	80%	381	20%	1874	100%

Graph (4): voluntary admission in mental health hospitals:

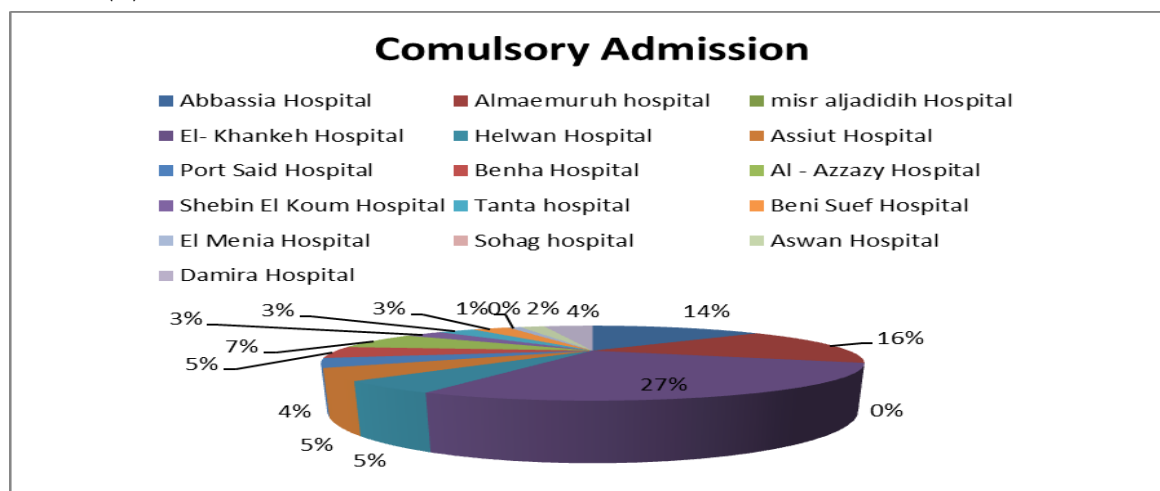
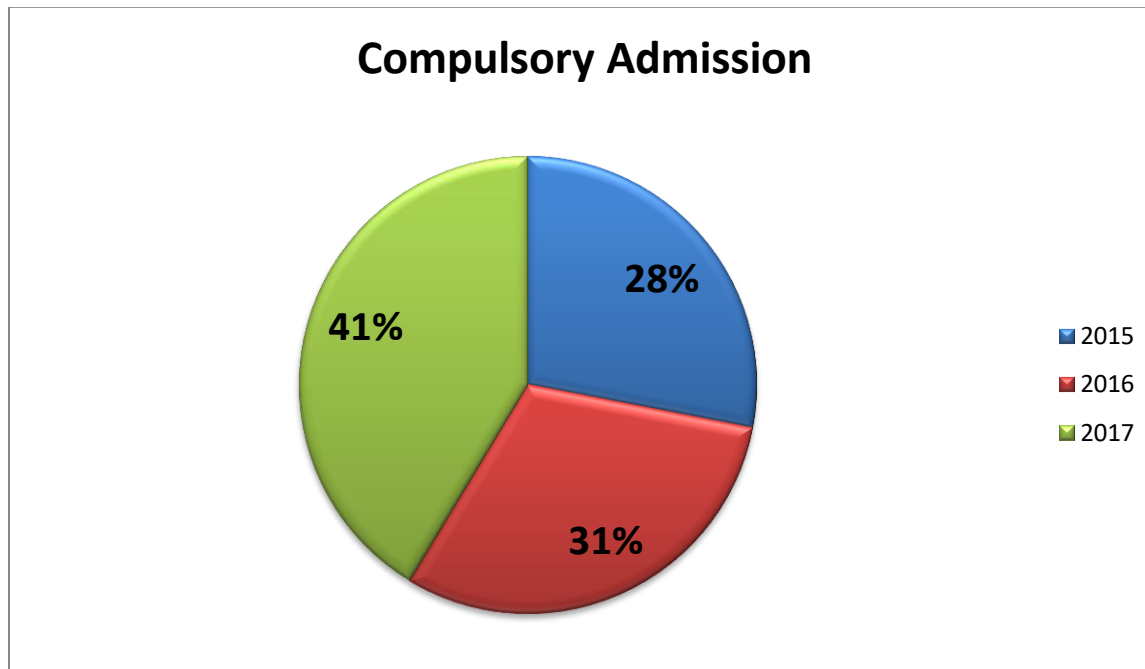


Table (9): Comparison between voluntary and compulsory admission among mental health hospitals December 2017:

Total Admission Among governmental mental health hospitals December 2017	
Voluntary	Compulsory
1610	1874

Graph (5): Compulsory admission mental health hospitals among the last 3 years reported by Mental Health Council:



6.3 Outpatient services in mental health hospitals

Outpatient services in governmental hospitals:

The study revealed the number of treated patients (December/2017) at mental health governmental facilities

- Inpatients : 3484 patients (including compulsory & voluntary)
- Outpatients: 52703 visits

The frequency rate of patients toward governmental hospitals per month was huge. However, it's little for the census. The outpatient clinics occupied mainly by follow up cases rather than new cases (Table10).

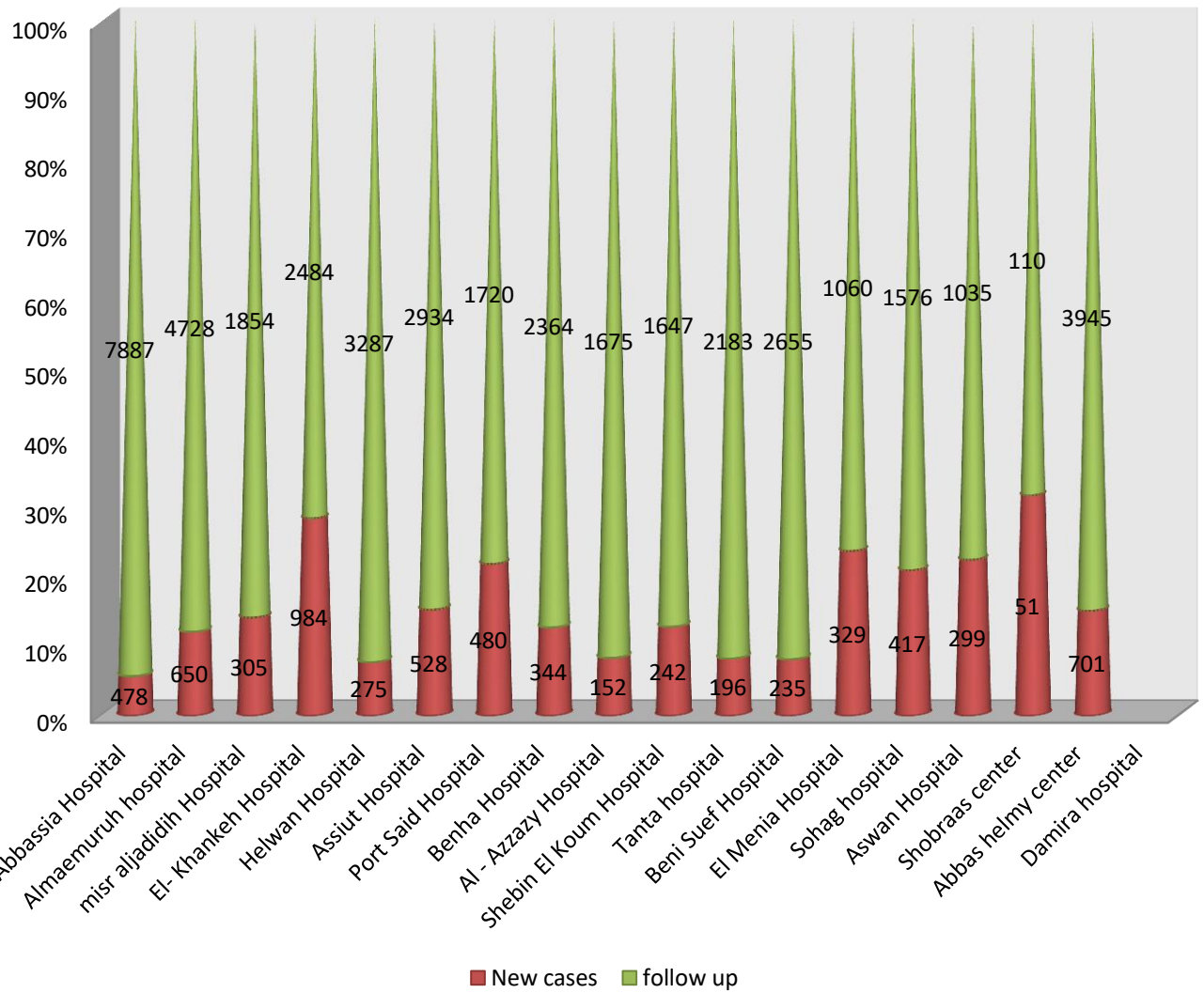
Outpatient clinics in mental health hospital still the main accessible origin to provide the services for mental ill patient.

Difference in frequency rate of outpatients in mental health services related to geographical (rural and urban) distribution of hospitals, the highest frequency at Abbassia Hospital and the lowest frequency at Shobraas center (Graph 6).

Table (10): outpatient frequency in mental health hospitals:

Outpatient services in mental health hospitals		
December 2017		
Hospital Name	New cases	Follow up
Abbassia Hospital	478	7887
Almaemuruh hospital	650	4728
misr aljadidih Hospital	305	1854
El- Khankeh Hospital	984	2484
Helwan Hospital	275	3287
Assiut Hospital	528	2934
Port Said Hospital	480	1720
Benha Hospital	344	2364
Al – Azzazy Hospital	152	1675
Shebin El Koum Hospital	242	1647
Tanta hospital	196	2183
Beni Suef Hospital	235	2655
El Menia Hospital	329	1060
Sohag hospital	417	1576
Aswan Hospital	299	1035
Shobraas center	51	110
Abbas helmy center	701	3945
Damira hospital	180	2713

Out patients ferquency in Mental Hospitals



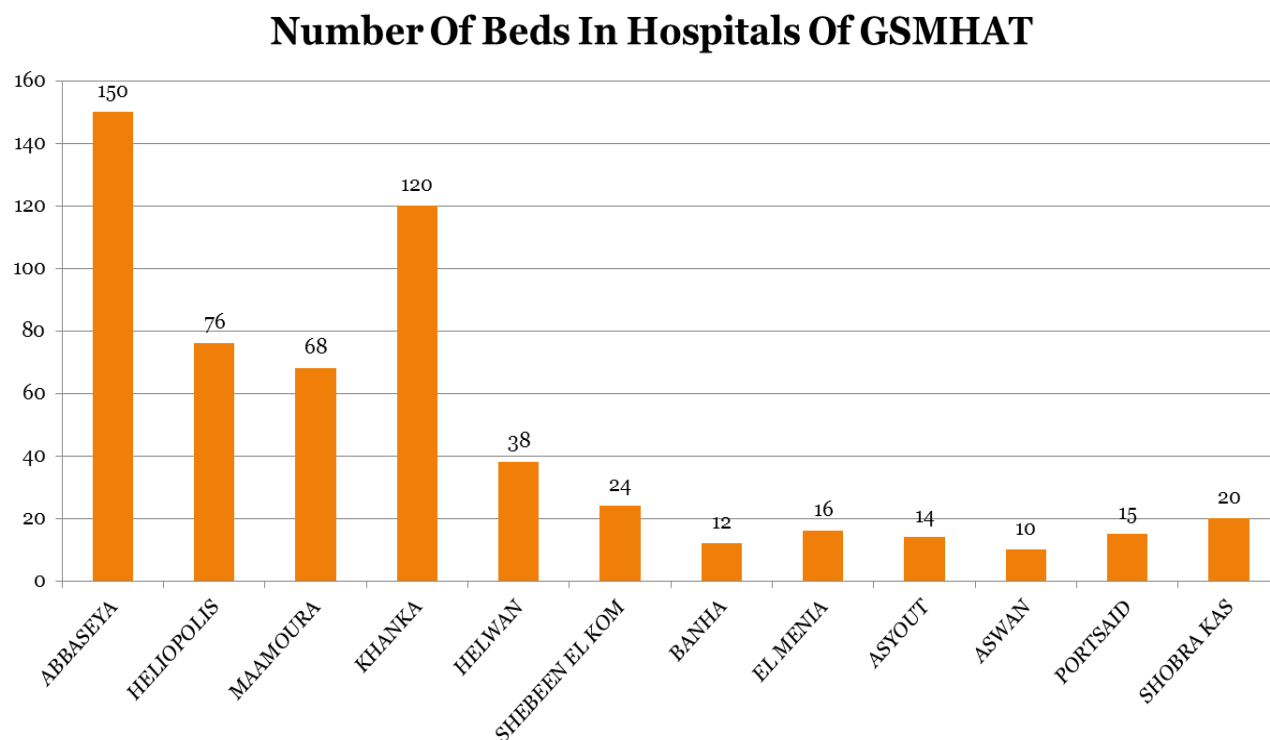
Graph (6): Frequency of outpatient cases among mental health hospitals

6.4 Addiction Treatment services

Distribution of addiction treatment services:

GSMHAT (MOHP) supervise 18 hospitals among which 15 hospitals provide the service for addiction treatment (outpatient, inpatient and day care units) with a total number of 563 beds. The majority of inpatient service for addiction treatment provided by Abbassia Hospital which is the large centralized mental health hospital (Graph7).

Graph (7): Distribution of addiction treatment beds among mental health hospitals:



Centers of excellence:

- Heliopolis psychiatric hospital:

Enhance performance of (HPH) which is a specialized center for addiction treatment and accredited by UNODC treatnet as a training center for the Middle East.

- Abbas Helmy psychiatric Hospital:

A specialized hospital for addiction treatment serving north coast area, currently outpatient clinics are in action six days per week with continuous capacity building of the therapeutic team.

The hospital; will provide inpatient service within one year (under construction).

- Souhag psychiatric hospital:

This hospital is under construction to start providing service within two years (included within the investment strategy of GSMHAT).

Addiction Day Care

- EL-Matar hospital
- Abbassia hospital
- EL-Maamoura hospital
- EL-Khanka hospital

Treatment programs:

All programs aim at motivation, CBT, and relapse prevention.

–Outpatient clinics: they are set mainly for diagnosis, drug screening, motivational interviews and providing medication for detoxification at home, and then follow up of patients under treatment.

–In patient program: divided into two phases:

Detoxification phase ;(lasts from 4–10 days)

Rehabilitation phase ;(lasts from 30 to 80 days). There is a bio–psycho–social approach and spiritual approach during this phase).

–Day Care program: to join this program the client is required to complete the rehabilitation phase inside the hospital or achieve physical and psychological stability outside the hospital.(it includes psych education, improving life skills for high risk situations, motivation, CBT, family therapy. Family consultation, and relapse prevention techniques).

Diversification of services:

1. Outpatient clinics for male addicts, female addicts, and adolescents.
2. Inpatient units for males in 12 hospitals, for females in 3 hospitals, and for adolescents in one hospital.
3. Inpatient unit for dual diagnosis in 3 hospitals.

Average HCV infection among admitted patients:

1.4% (30 cases) of the cases was HBV positive, 7.4% (160 cases) were HCV positive, and 0.5% (11 cases) was HIV positive.

The prevalence of Tramadol use (84%) exceeded that of the different types of substance Hashish: 55%, Heroin: 26% and Benzodiazepines: 14% (Table 11). Alcohol was the least prevalence substance (7%), which is most probably due to religious issues.

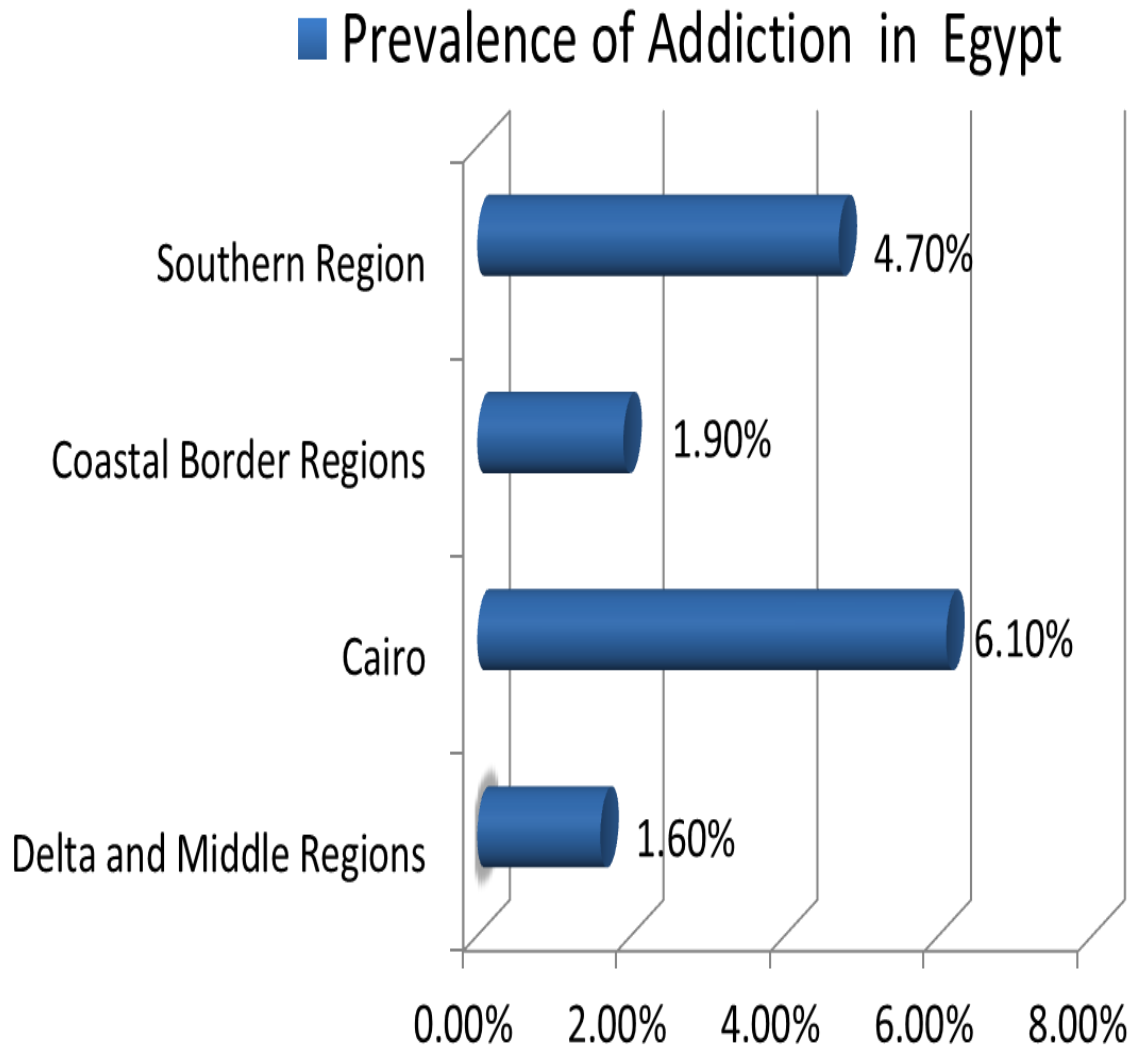
Table (11): prevalence rate of substances use– National Drug Observatory

Substance	Cases	%
Beer	170	8%
Alcohol	148	7%
Hashish	1201	55%
Bango	262	12%
Tramadol	1824	84%
Heroin	575	26%
Benzodiazpines	296	14%

Addiction Situation in Egypt:

The highest spreading of substances was in capital city (Cairo) due to population density, and then it's followed by Southern region which is a rich field for drug and weapon trade (Graph 7). GSMHAT provided addiction treatment services through 3 hospitals in Cairo (Abbassia, Heliopolis and Helwan hospital) and in southern region through 4 hospitals (Sohage, Aswan, Asuoyt and El– Menia).

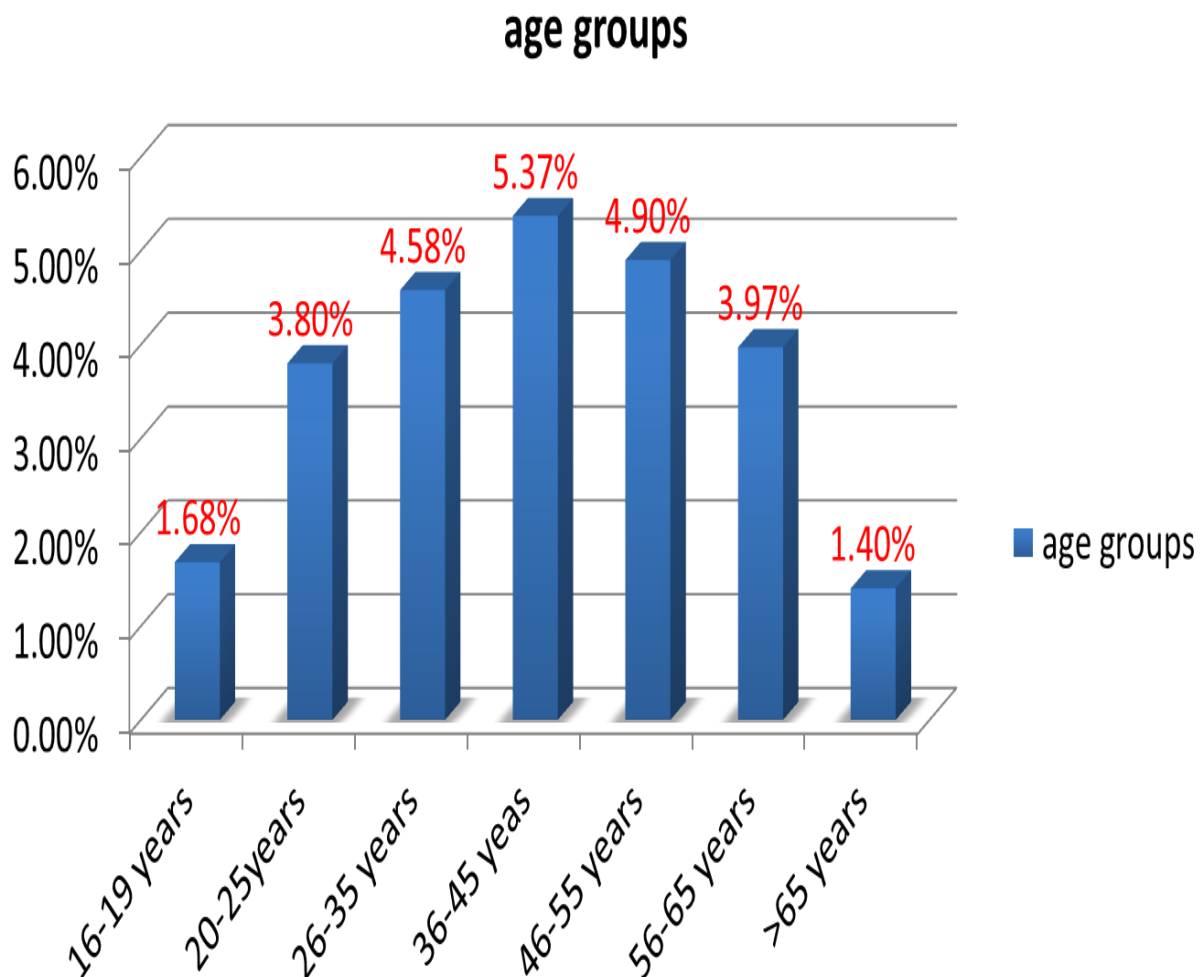
Graph (8): Prevalence of addiction in Egypt:



Age and Addiction in Egypt:

Ages were ranging between 16 and > 65 years old. The majority of the cases (5.37%) were (36–45) years old (Graph 9), which were the ages of high life stressors in Egypt (social, financial, vocational).

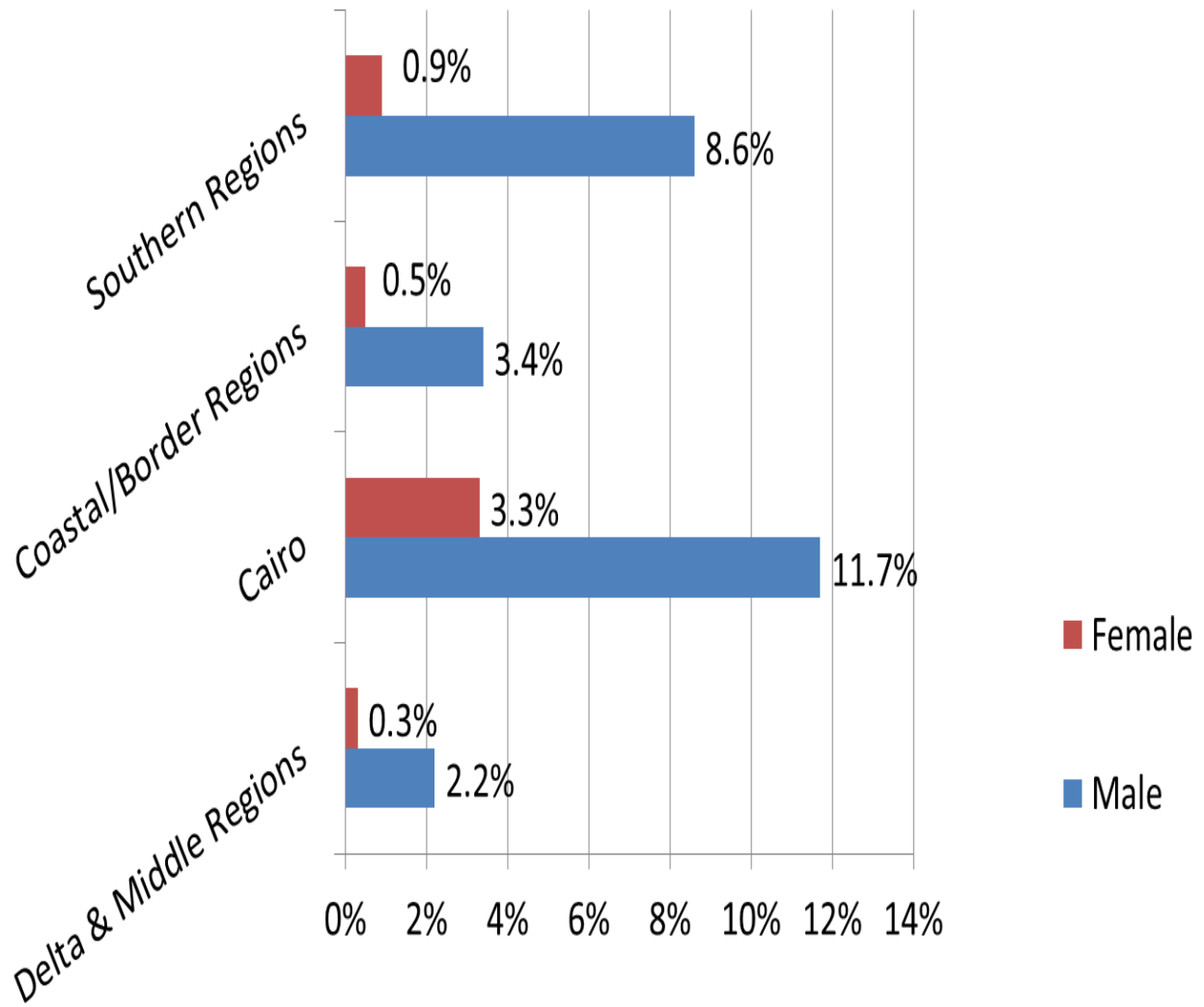
Graph (9): Age distribution among addiction in Egypt:



Gender & Addiction:

The study revealed the majority of the cases were males (Graph 10) all regions of Egypt, and the highest percentage (11.7%) in Cairo the capital city for Egypt due to the density of populations and availability of substance. Taking into consideration Cairo is very crowded city and its population has environmental burden.

Graph (10): Gender distribution among addiction in Egypt:



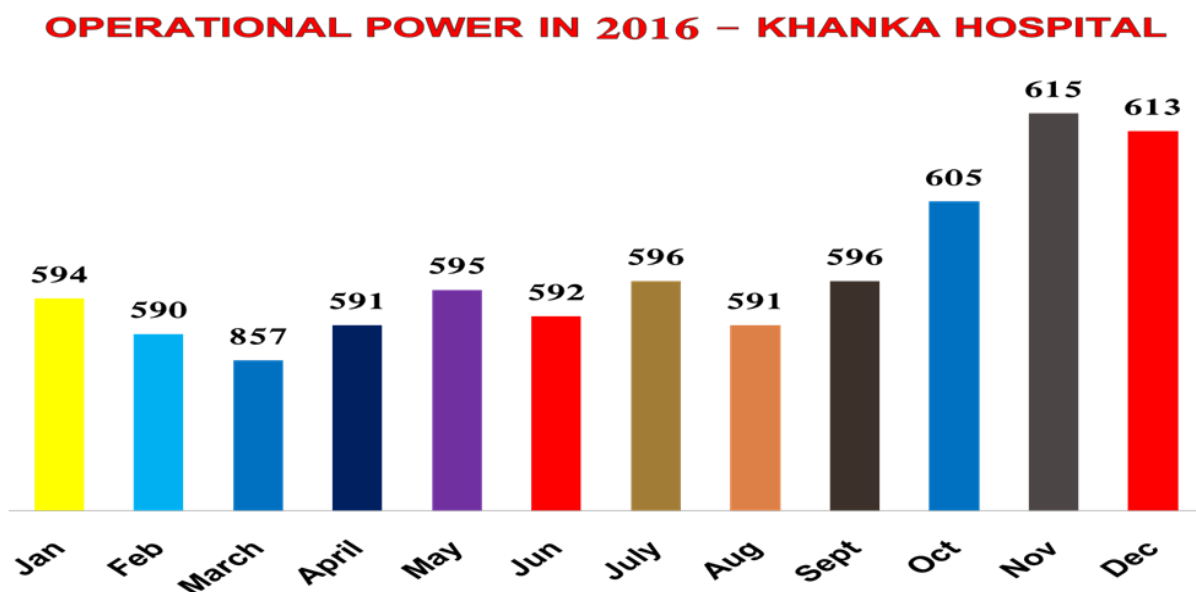
6.5 Forensic Psychiatric services

Forensic psychiatry unit at Khanka hospital:

The forensic psychiatry unit in Al-Khanka Hospital consists of ten ward (1-2-7-8-9-10-26-28 and special ward for chest disease. The operating power of units 2016 was (594- 613) beds (Graph 11), Occupancy rates range from 90% to 100% Current Occupancy Rate 97.5% the number of patients was 638 the unit is divided in to two sections, each headed by a specialist psychiatrist. The numbers of doctors working in the units were 20 doctors, including 17 resident doctors.

obvious lack of adequate number of health care providers in comparison to the huge hospital capacity of patients so the doctors are overloaded with extra-work, they are not confined to as security and providing other non-forensic psychiatry medical services.

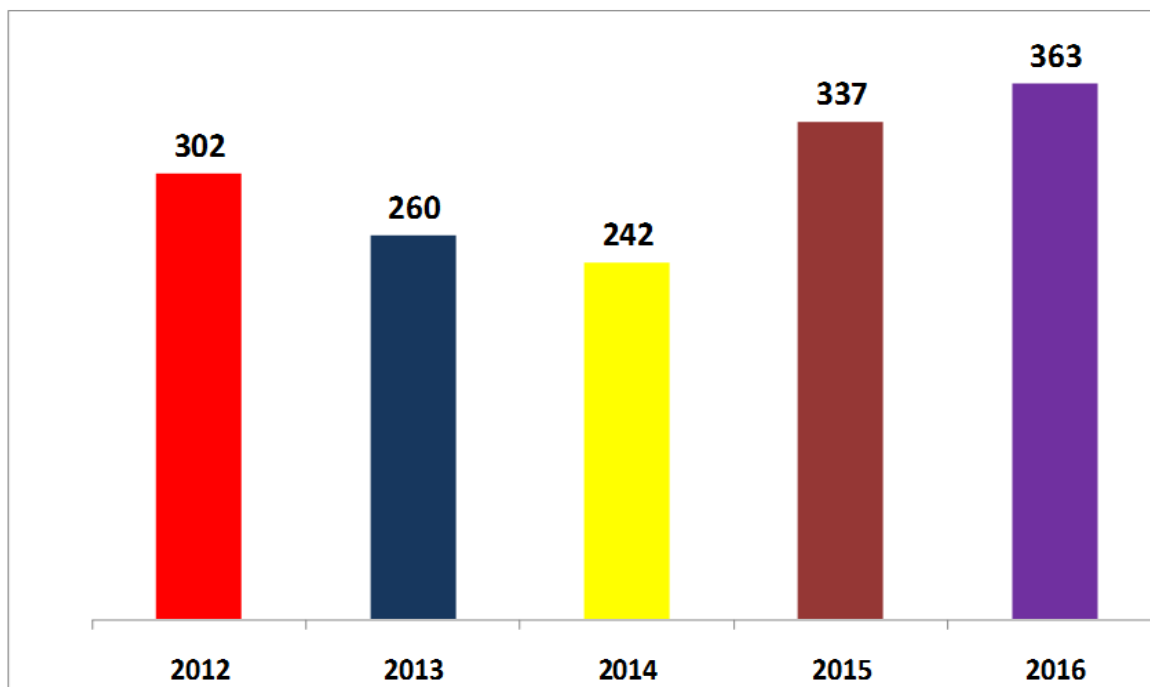
Graph (11): Operational power for forensic psychiatry at Khanka Hospital 2016:



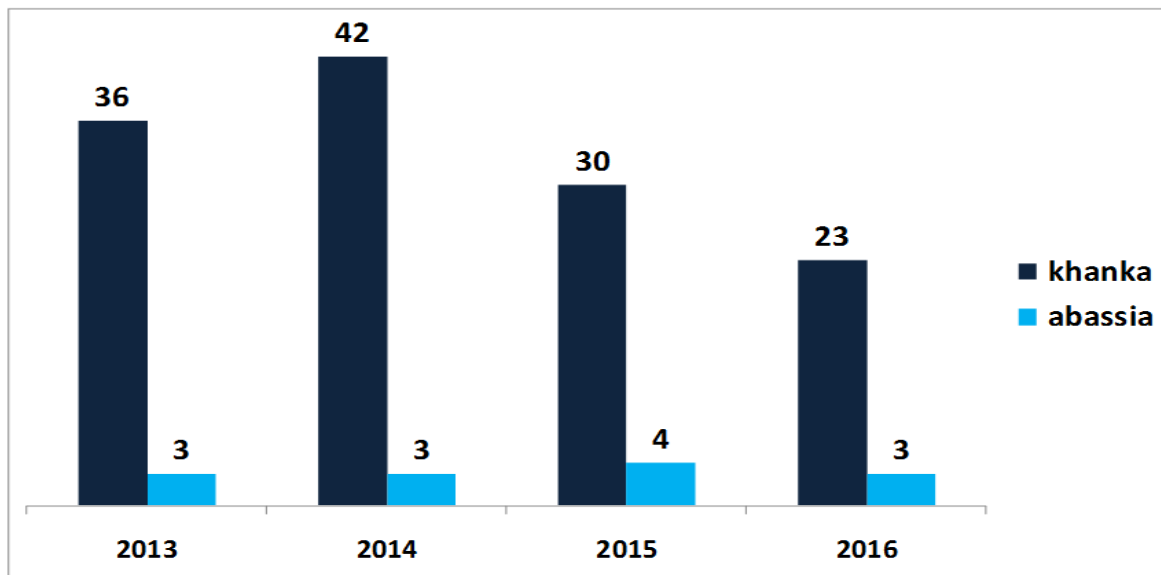
Criminal responsibility:

The study revealed the number of cases examined to determine criminal responsibility increased through last 2 years (Graph 12). Committees for assessment of responsibility were regulated in Egypt by Mental Health Council, the number of committees was decreased in 2016 (Graph 13). Committees in Abbassia Hospital were arranged for assessment of criminal responsibility but in Khanka Hospital were arranged for assessment of capacity for discharge. Number of cases that have been interviewed by the committee (for assessment of responsibility or discharge) gradually decreased through the last 5 years (Graph 14), discharge committee most probably affected by psychiatric condition of forensic patients in mental health hospitals.

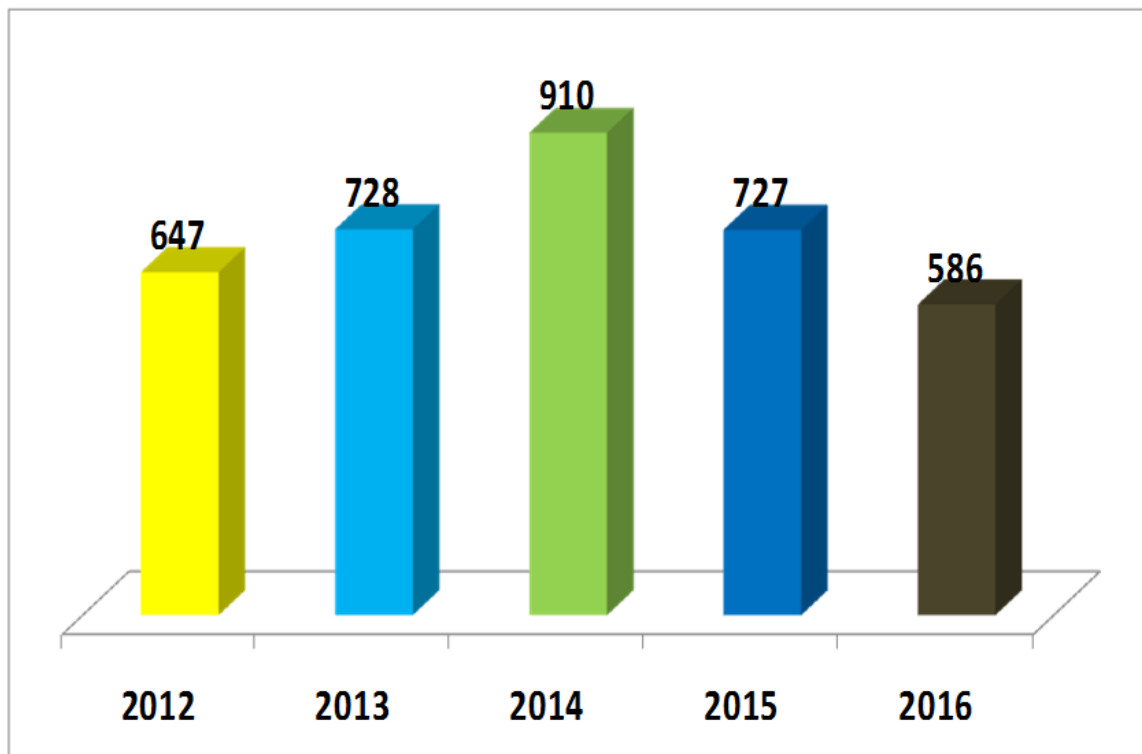
Graph (12): The total number of cases examined to determine criminal responsibility:



Graph (13): Number of committees that have been held at forensic psychiatry service:



Graph (14): Number of cases that have been interviewed by the committee:



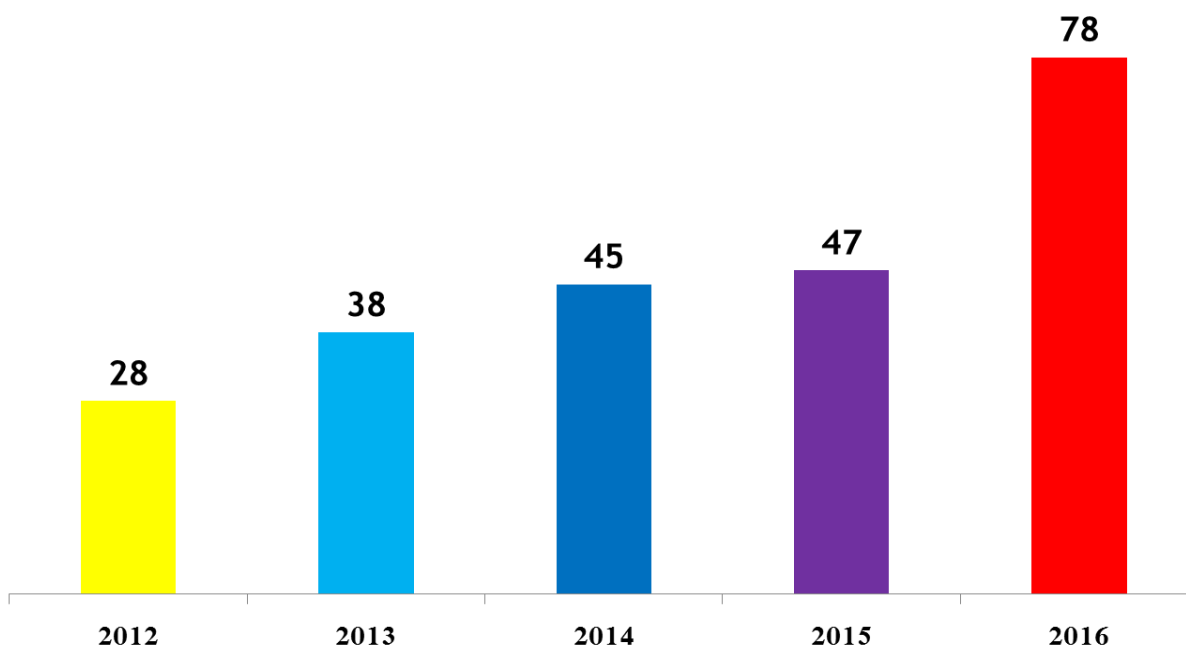
Regulations of discharge in forensic psychiatry sector:

Discharge committee consists of 7 experts and the decision of discharge or not, is taken by the majority vote. But, according to the law, the authority which admitted the patient to the forensic psychiatric hospital is the only authority that allows his/her discharges.

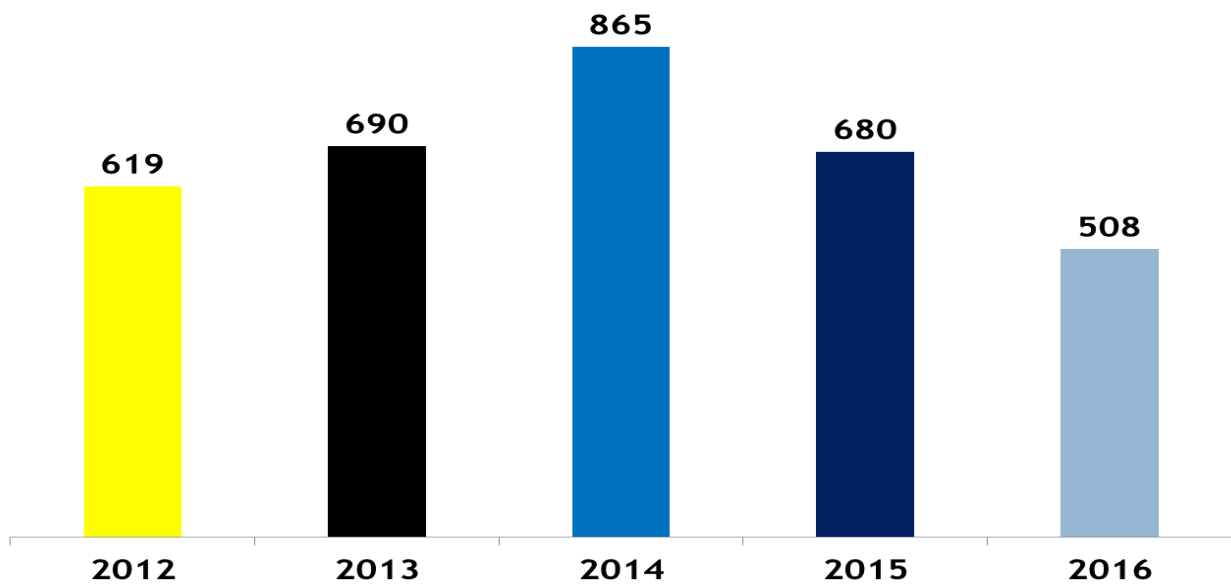
Number of cases recommended for discharge 2016 was 78, while number of cases recommended not discharging at the same year was 508 (Graph 15, 16).

In Egypt patients are hospitalized for long periods of time (Graph 17) due to lack of confident decision of their discharge also conflict between different parties and fear from re-offense.

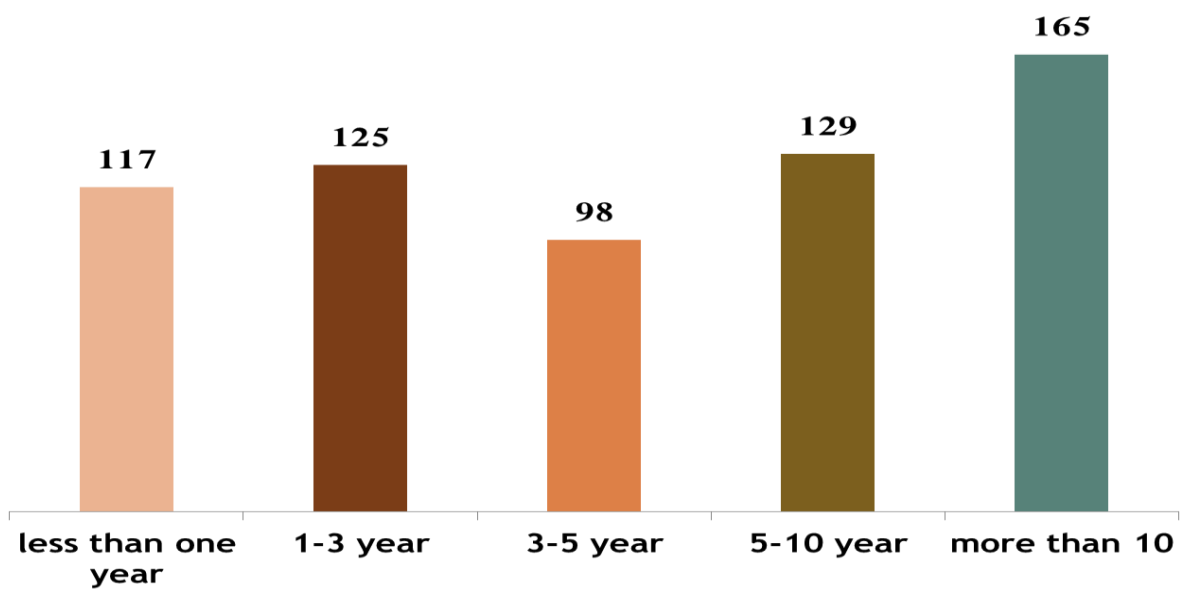
Graph (15): Number of cases recommended for discharge:



Graph (16): Number of cases recommended not discharging:



Graph (17): Number of patients according to the duration of hospitalization:



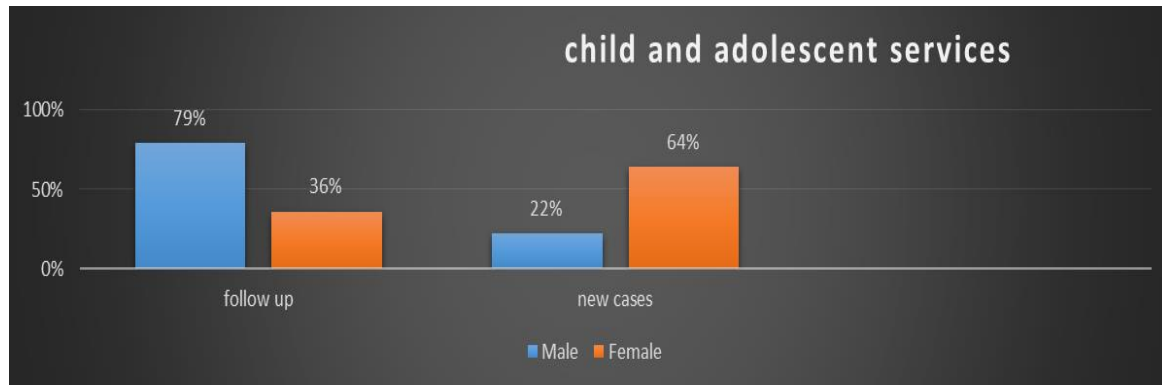
6.6 Child and adolescents services

- Abbassia Hoapital:
 - out-patient clinic for children (date of opening 2002)
 - outpatient clinic for adolescents (date of opening 2004)
 - Autism day care centre (date of opening 2013)
- El-Khanka Hospital:
 - outpatient clinic for children (date of opening 2004)
- El-Maamoura Hospital:
 - outpatient clinic for children (date of opening 2005)
 - outpatient clinic for adolescents (date of opening 20011)
 - Autism day care centre (date of opening 2013)
- Helwan Hospital:
 - outpatient clinic for children (date of opening 2007)
 - outpatient clinic for adolescents (date of opening 2007)
 - inpatient for male adolescents (date of opening 2007)
 - female adolescents inpatients , male adolescent addiction inpatients (date of opening 2014)
- Assuit Hospital:
 - outpatient clinic for children & adolescents (date of opening 2007)
- Port Said Hospital :
 - outpatient clinic for children (date of opening 2008)
- Banha Hospital:
 - outpatient clinic for children (date of opening 2013)
- Beny suif Hospital:
 - outpatient clinic for children (date of opening 2013)

Gender among child and adolescent services:

The study revealed the majority of the cases were female as new cases (Graph 18) in all regions of Egypt, which most probably related to Egyptians don't admit mental disorders for males easily in community.

Graph (18): Gender among child and adolescent services:



Community Units

- Abbassia Hospital (date of opening 2002)
- Franobasalia Center (date of opening 2011)
- Banha Hospital (date of opening 2013)
- Soon, opening 6 units in 2018

Protocol with Ministry of Social Affairs

- ❖ For discharge long stay patients from mental hospital to community centers under supervision of Ministry of Social Affairs.
- ❖ Selection criteria
- ❖ Preparation of cases
- ❖ Discharge
- ❖ Follow up

Discharge five groups to five community centers

Modalities of treatment:

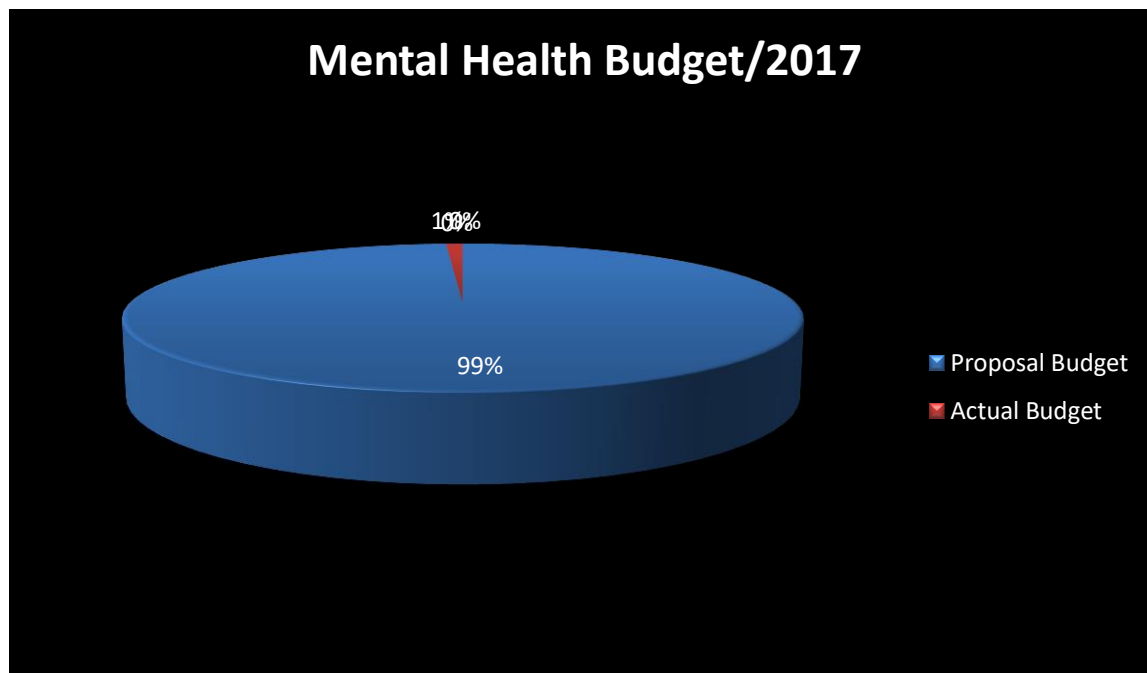
- ECT Units in 14 hospitals affiliated to GSMHAT / 343 patient received ECT in December 2017.

- Pharmacotherapy: most of medications were available in mental health hospitals.
- Units for occupational therapy in Abbassia Hospital and Khanka hospital
- 16 Units for rehabilitation therapy in 16 mental hospitals.

Budget of mental health services

Gap between proposal budgets should be allocated to mental health hospitals (20,883,120 EP) and the actual budget (1,996,292 EP) was catastrophic at 2017 (Graph 19). Mental health services in Egypt are not the in priorities of Ministry of Health until now.

Graph (19): Budget of mental health services 2017:



7. Mental health services in primary care

(Third domain)

(Data collected from external affairs and training departments of GSMHAT and primary care sector of Ministry of Health).

The General Secretariat of Mental Health and Addiction Treatment (GSMHAT) is a governmental body dedicated to the provision of mental health services and drug dependence treatment and rehabilitation including inpatient psychiatric hospital, outpatient mental health care center and primary health care services. GSMHAT supervises the 18 governmental mental health hospitals in Egypt. In addition, GSMHAT works as the main educational body in the area of mental health and addiction treatment. It does not only provide training to its own employees but extends it to all other service providers.

The total number of primary care unit in Egypt (2017) was 5391 distributed in all cities according to population density in each city. Human resources per unit consists of family physician, internal medicine specialist, surgery specialist, 6 nurse and social worker, family doctor is a physician who is providing the mental health services to mental ill patient.

The actual number of physicians who assigned in primary care units were 9022 and the target number should be assigned are 16000 physician.

In 2006 five percent of undergraduate training for medical doctors is devoted to mental health, in comparison to 10% of training for nurses. In terms of refresher training, 5% of primary health care doctors have received at least two days of refresher training in mental health, while 1% of nurses and 6% of non-doctor/non-nurse primary health care workers have received such training ⁽¹⁾. Six-week workshops for training primary health care nurses and doctors were conducted between July 2004 and September 2005 in the following cities: Cairo, Charbia, Sharkia, Dakahlia, Kalyoubia, Kafr el Sheikh, Port Said, Menoufia, Suez, and Ismalilia. A total of approximately 516 doctors and 656 nurses participated in the training workshops. There will be an expansion of training of primary health care (PHC) staff in mental health as such a component was included in basic benefit package of PHC services.

In 2010 the mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings was published by the World Health Organization and stated that about four out of five people in low- and middle-income countries who need services for mental, neurological and substance use conditions do not receive them. Even when available, the interventions often are neither evidence-based nor of high quality. Research in

recent years has demonstrated the feasibility of delivery of pharmacological and psychosocial interventions in non-specialized health-care settings.

The choice of the mhGAP as a clinical guide to fill the gap between the higher need and the currently available mental health and addiction services was because it targets health-care providers working at first- and second-level facilities. These include general physicians, family physicians, nurses and clinical officers. Other non-specialist health-care providers can use the mhGAP-IG with necessary adaptation. Also, the mhGAP is brief and can facilitate interventions by busy non-specialists in low- and middle-income countries.

- In 2015 the GSMHAT in partnership with the WHO conducted a pilot phase for the implementation of the MhGAP in two selected areas (Helwan and Elkhanka). In this biennium (2016–2017) the goal is to expand its implementation in 4 other selected areas which are located nearby different GSMHAT psychiatric hospitals to ensure an easier communication, supervision and referral system between the selected trained PHCs and the GSMHAT hospitals.

Objectives:

- To educate / update the PHC practitioners about psychiatric disorders (general & special groups disorders).
- To increase the capacity of PHC practitioner on early detection & management of psychiatric disorders & their medication.
- To establish & strengthen the referral system between PHC & corresponding specialized centers.

Training of primary health care physicians on mhGAP modules

In each training module, 20 physicians from primary health care centers from 2 selected areas will be trained by TOT trainers on mhGAP modules.

The scope of training (ten days duration, based on the recommendation of the 2015 TOT mhGAP training facilitated by WHO) would include different mhGAP modules, and how to teach, assess and supervise their implementation.

Implementation:

2 Physicians and 1 administrative from PHC centers from each selected area follow up and supervise the implementation of the MhGAP module and the establishment of the referral system.

Follow up:

Objective: Follow up of diagnoses, management and referral done by primary health physicians by a psychiatrist from the focal referral point (i.e. the mental health hospital assigned for each area)

Timeline:

Phase I: 2016: training, implementation and follow up for 2 selected areas (Governorates).

Phase II: 3rd and 4th quarters biennium in 2016–2017: training, implementation and follow up for other 2 selected areas (Governorates).

- In collaboration between WHO Country office Egypt and Ministry of Health and Population, the General Secretariat of Mental Health will conduct capacity building on mental cases detection and management of health staff at selected primary health care centers for Syrian refugees in Egypt as per following terms of reference and objectives.

Aims:

- Conduct 10 training courses for 150 physicians and nurses working at selected 30 PHC centers from 6 governorates in Cairo, Giza, Qaliobia, Alexandria, Damietta, and Sharkia governorates.

- Training health staff on early detection, and management of mental health cases
- Support referral of mental health cases to secondary care hospitals.

The majority of primary health care doctors and nurses have not received official in-service training on mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care do not exist.

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines but with restrictions. In contrast, the department of health does not authorize primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines. Similarly, official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system (5).

Attempts to integrate psychiatry into primary healthcare have not been straightforward. Psychiatry in Egypt is viewed by the public as a highly specialized branch of medicine, and patients do not consider it part of primary healthcare (8).

The current Ministry of Health policy is to include mental health in the Basic Benefit Package of family health practice (early detection, follow up) and some psychotropic medications are now included in the essential drug:

Antipsychotic drugs:

Drug Name	Dose
Chlorpromazine	100mg tab
Fluphenazine (decanoate)	25mg amp
Haloperidol	2mg,5mg tab 5mg/1ml amp
Risperidone	$\frac{1}{4}$ –6mg Tab, syrup

Antidepressant drugs:

Drug Name	Dose
Amitriptyline	25mg,75mg tab
Fluoxetine	20mg cap
Clomipramine	10mg, 25mg

Mood stabilizer:

Drug Name	Dose
Carbamazepine	100mg, 200mg tab
Lithium carbonate	400mg tab
Valproic acid	200mg, 500mg

Anxiolytics:

Drug Name	Dose
Diazepam	2mg, 5mg

8. Human resources

In governmental mental health sector

(Forth domain)

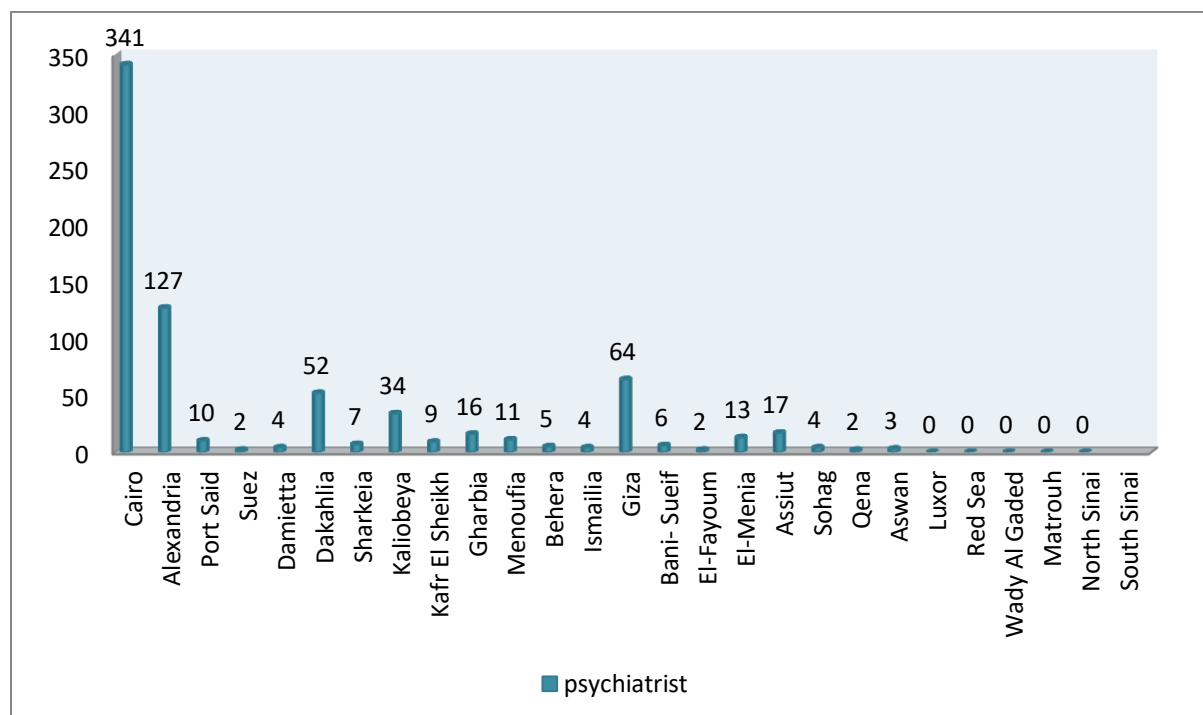
(Data collected from information system of mental health hospitals, human resources and information system departments of GSMHAT, human resources and information system of Ministry of Health and WHO Eastern Mediterranean Regional office in Cairo).

8.1 Current situation:

The total number of human resources working as mental health providers in mental health facilities is (3,836), 705 psychiatrist, 2790 nurses, 117 psychologists and 224 social workers dedicated to services.

The distribution of human resources between urban and rural areas is disproportionate. The density of psychiatrists in or around the largest city is greater than the density of psychiatrists in the entire country. The density of nurses is greater in the largest city than the entire country (Graph 20).

Graph (20): Distribution of psychiatrist among goverates of Egypt:



Training programs for mental health providers (lectures, workshops and on job training) include basic and advanced psychiatry skills, general and subspecialty (addiction treatment, child and adolescent, rehabilitation therapy, forensic psychiatry, geriatric psychiatry) courses, articles of mental health acts for admission and treatment, patient rights and therapeutic procedures should be implemented by mental health providers in mental hospitals affiliated to General Secretariat of Mental Health and Addiction Treatment.

Training programs conducted by training departments at General Secretariat of Mental Health and Addiction Treatment and Mental Health Council.

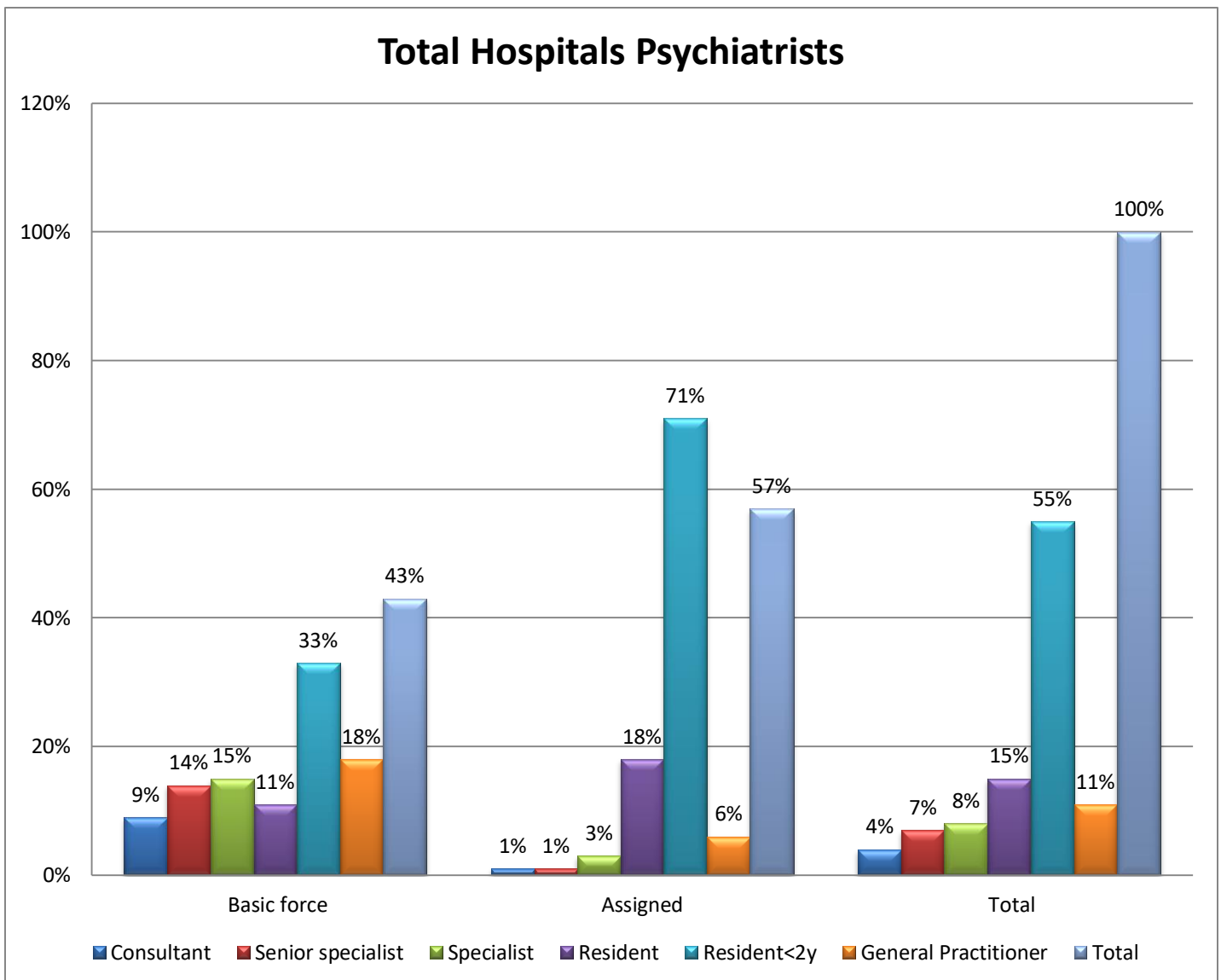
8.2 Distribution of psychiatrists among mental health hospitals:

The study revealed the degree of shortage in consultant psychiatrists in the mental health hospitals which most probably related to financial issues pushed them to immigration after became qualified.

The majority of psychiatrists in governmental mental health hospital were in residency category, which is most probably related to their needs for training and their many job duties provided at hospitals.

The percentage of assigned resident<2 year is much more than basic force one due to the largest mental health hospitals are centralized in the capital city and Ministry of Health assigned residents from all governates (Graph21).

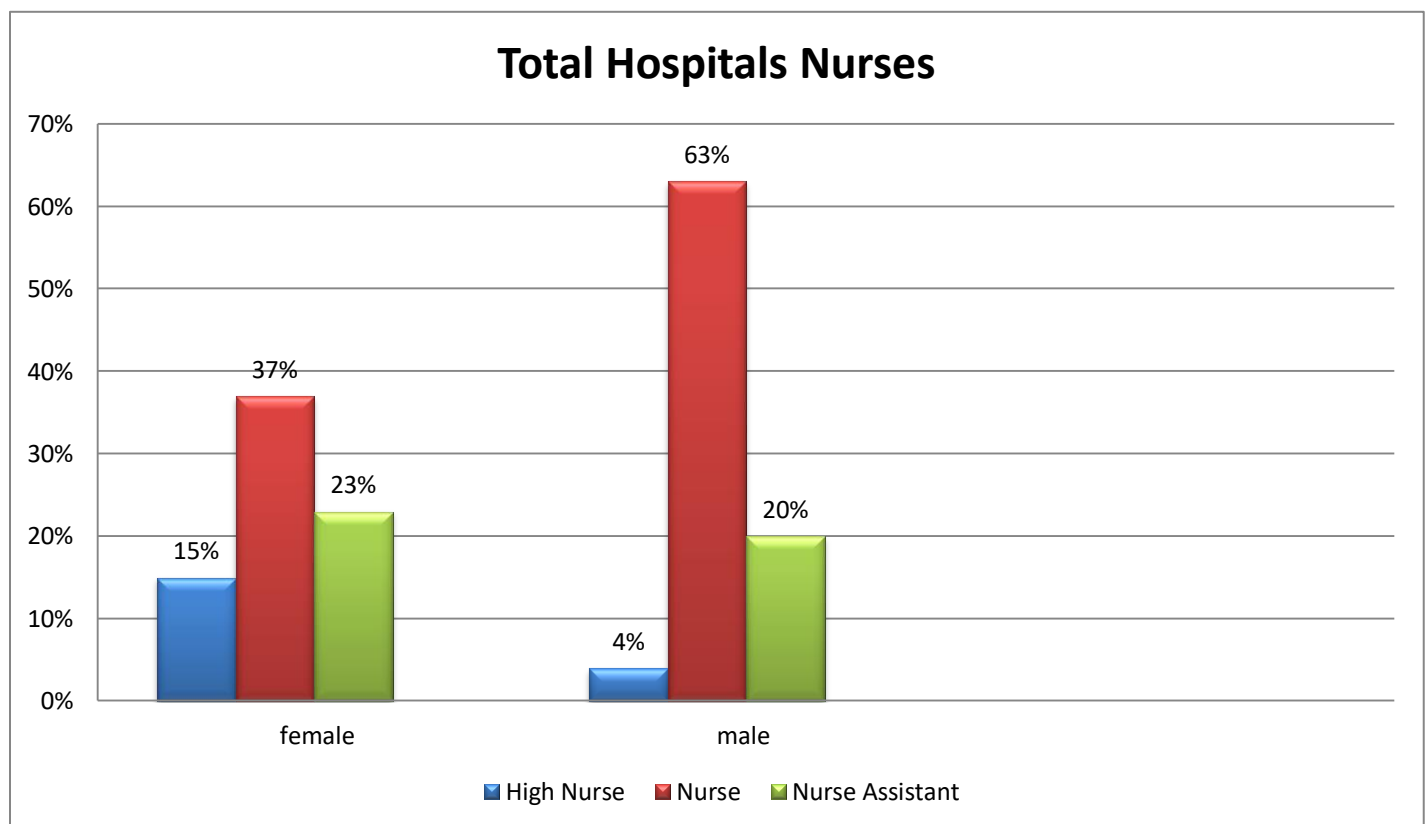
Graph (21) distribution of psychiatrists in mental health hospitals according to professional degree:



8.3 Distribution of nurses among mental health hospitals:

The qualifications of nurses in mental health hospitals were ranging from high nurse (postgraduate degree), nurses (bachelor's degree) and nurse assistant (undergraduate), this categorization determines the job description, the highest percentage was for nurses, so that indicate the importance for continues training to promote a quality of service for nurses (Graph 22).

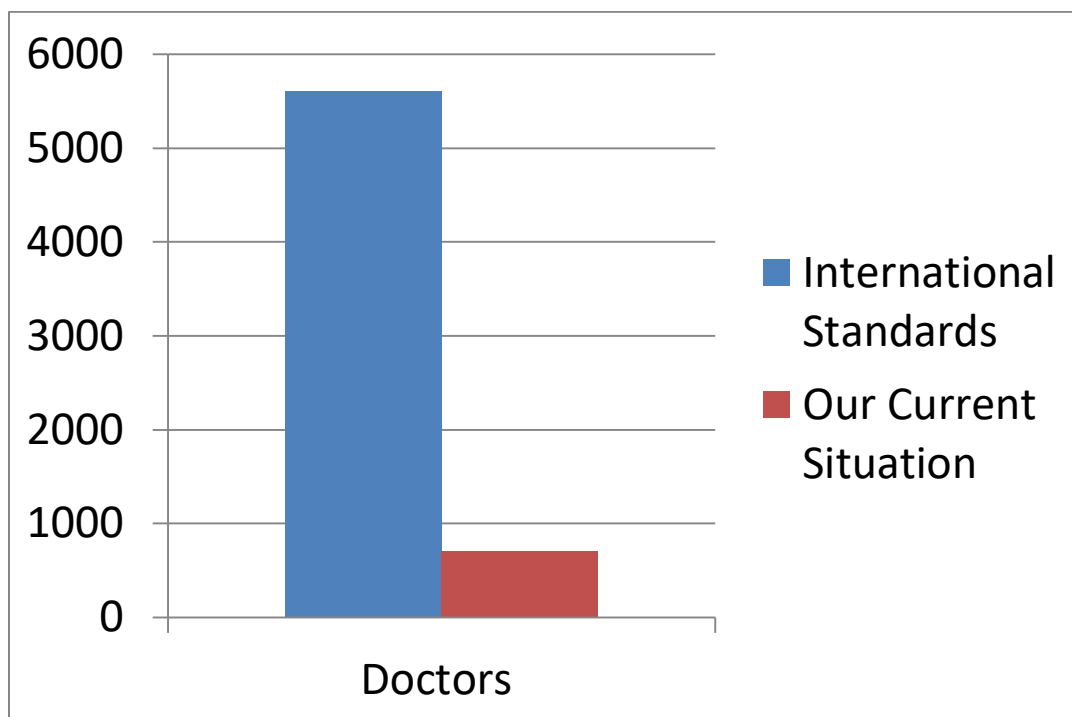
Graph (22) distribution of total hospital nurses according to qualifications:



8.4 Standards of psychiatrist:

In Egypt, there is an obvious lack of adequate number of psychiatrists in comparison to the huge hospital capacity of patients which was subsequently reflected on the services provided. World Health Organization recommends 7 psychiatrists for 100, 000 populations ⁽³⁾(Graph 23).

Graph (23): comparison between international standards and our current situation among the psychiatrists:

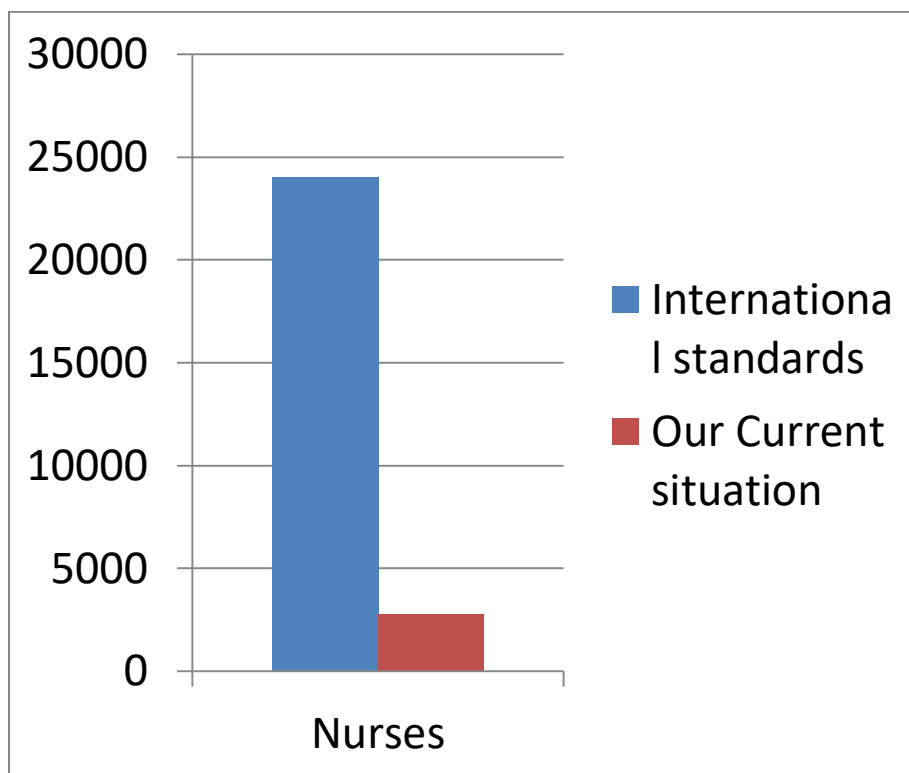


Target Number of Psychiatrists	Our Current Man Power
5600	705

8.5 Standards of nurses:

Overloaded nurses with security issues should be managed appropriately with increasing numbers of mental health providers. Performance measures should be ensured to promote a therapeutic work to meet patients' needs. World Health Organization recommends 30 Nurses for 100, 000 populations⁽³⁾ (Graph 24).

Graph (24): comparison between international standards and our current situation among the nurses:

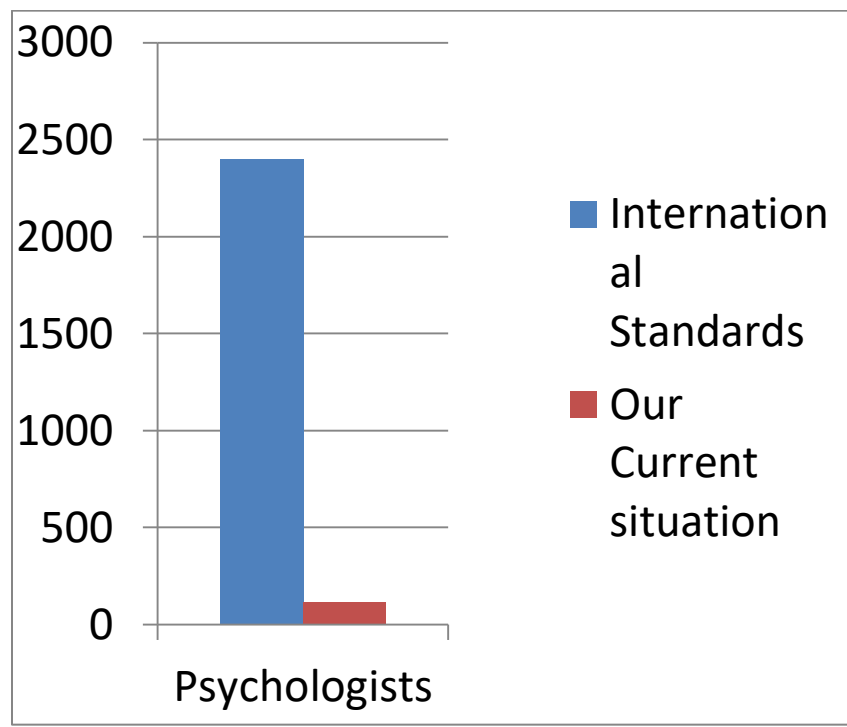


Target Number of Nurses	Our Current Man Power
24000	2790

8.6 Standards of psychologists:

Figure (5): Regular assessment of patients, psychometric tests and psychotherapy should be done by psychologists in mental health hospitals are totally affected by shortage of psychologist in Egyptian mental health field. World Health Organization recommends 3 psychologists for 100, 000 populations⁽³⁾ (Graph 25).

Graph (25): comparison between international standards and our current situation among the psychologists:



Target Number of Psychologists	Our Current Man Power
24000	117

8.7 Standards of social workers:

Actually, social workers in mental health hospitals assigned by administrative tasks in addition to their social duties with patients, so still filed has deficit in social workers comparison with international standers. World Health Organization recommends 2 Social Workers for 100, 000 populations ⁽³⁾(Graph 26).

Graph (26): comparison between international standards and our current situation among the social workers:

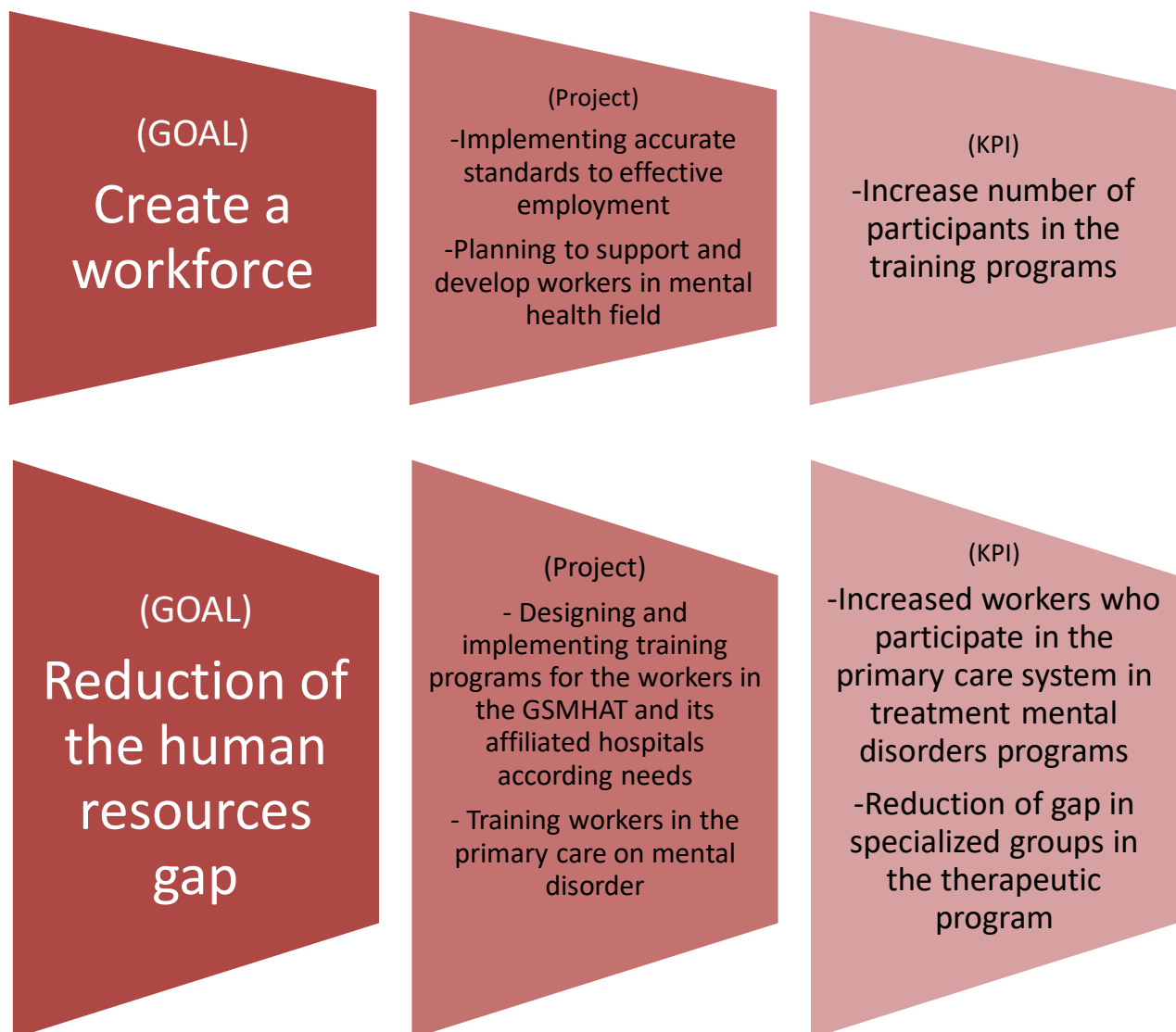


Target Number of Social Workers	Our Current Man Power
1600	224

Lack of adequate numbers of mental health providers is catastrophic, and this should be managed appropriately with increasing numbers of workers.

8.8 Human resources Development:

The goal of General Secretariat of Mental Health and Addiction Treatment among human resource domain in its plan is to enable a workforce with abilities and motivation to execute this plan and able to apply its complex programs. The plan also aims to reduce the gap in the human resources and provide workforce to improve the offered services.



9. Awareness for mental health

(Fifth domain)

(Data collected from media and public relations department of GSMHAT and media and public relations department of Ministry of Health).

GSMHAT is keen on spreading awareness about the mental illness, to improve the opportunity of early detection, early intervention, and improving the opportunity of recovery and returning to the social role. GSMHAT also organizes general and specialized awareness campaigns to combat stigma of mental illness, and prevent the discrimination against our patient.

The campaign carried out by the secretariat of mental health and addiction treatment (the governmental agency under the Ministry of Health) that provides mental services and addiction treatment through its affiliated hospitals in various governments.

The Primary goal of the campaign was to provide awareness to the community about mental health illness by correcting misconceptions about the mental disorders and spreading information about them in a simple and scientific form the target of this campaign is to eliminate the stigma related to mental illness.

The campaign relies on spreading information about mental illness through short educational movies and featured films, also broadcasting advertisements through radio channels, as well as publications that talk about each disorder separately. The GSMHAT was working on developing its website in order to be more interactive with public and those who are interested in mental health in general.

9.1 Campaigns

1) Awareness campaign of mental illness

- **Name of campaign**

It is time to know more about the mental illness.

- **Timing**

Throughout the year select a specific topic each month different from the previous remove the stigma of mental illness (date of releasing 2014).

- **Objectives**

Correct misconceptions about mental illness.

- **Key Officials**

- Media management, public relations and hotline.
- Community departments units in the mental health hospitals.

Places (figure 1)

- Hospitals
- Clubs
- Sports centers
- Cultural centers
- Educational departments
- Universities

Partners

- National associations
- Ministry of Health and Population
- The Ministry of Education
- Ministry of Higher Education
- Ministry of Youth and Sports – Society of all categories

Target Group

"The focus is on the university students from the faculties of" Education – Arts
– Social Work "– short awareness videos with every disease.

Materials

- Special publications for every disease
- Simplified scientific lectures in Arabic
- A feature film may be shown, the main feature of which is the presence of symptoms.

Figure (1): Awareness campaigns of mental illness among different places:



2) Awareness campaign of the risks of addiction in children and adolescents

- **Name of campaign**

You can without substance

– **Timing**

Second week of February (date of releasing 2016).

– **Objectives**

Explain the risks of addiction and methods of prevention of abuse and addiction –
Management of children and adolescents.

– **Key Officials**

- Management of addiction and addiction medicine
- Media management, public relations and hotline
- Child and adolescent psychiatry units in the hospitals of the Secretariat.

Places (figure 2)

- Hospitals
- Clubs
- Sports centers
- Cultural centers
- Educational departments
- "Primary–preparatory–secondary" schools

Partners

Ministry of Health and Population

- The Ministry of Education
- Ministry of Higher Education
- Ministry of Youth and Sports
- Private enterprises "Companies and factories"

Target Group

- Students aged 7–18 years
- Teachers
- Trainers athletes.
- Psychologists

- Social workers.

Materials

- Parents. – Short awareness videos.
- Special publication for awareness.
- Mixed work workshops.
- Simplified scientific lectures in Arabic.

Figure (2): Awareness campaigns of the risks of addiction in children and adolescents:



3) Awareness campaign of Autism Disorder

– Timing

First week of April (date of releasing 2017).

– Objectives

Awareness of the symptoms of the disease and clarification of ways of dealing with children with this disease.

Management of children and adolescents.

– **Key Officials**

- Media management, public relations and hotline
- Child and adolescent psychiatry units in the hospitals of the General Secretariat.

Places (figure 3)

- Clubs
- Hospitals
- Sports centers
- Cultural centers

Partners

- Educational departments – Ministry of Health and Population
- The Ministry of Education
- Ministry of Higher Education
- Ministry of Youth and Sports – Teachers

Target Group

- Parents
- Teachers
- Psychologists
- Social workers.

Materials

- Parents. – Short awareness videos.
- Special publication for awareness.
- Simplified scientific lectures in Arabic.

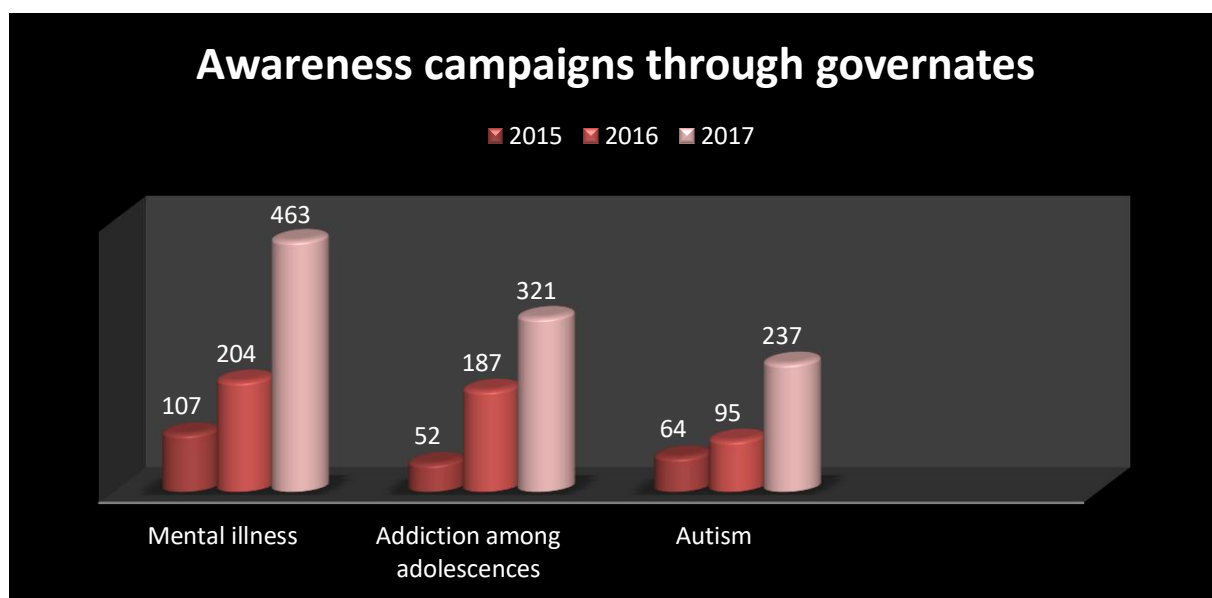
Figure (3): Awareness campaigns of Autism Disorder



Frequency of awareness campaigns:

Awareness campaigns have been established by General Secretariat of Mental Health and Addiction Treatment over the last 3 years were increased gradually through all governates (Graph 27), increasing obvious among awareness campaign of mental illness.

Graph (27): Frequency of awareness campaigns through governates in the last 3years:



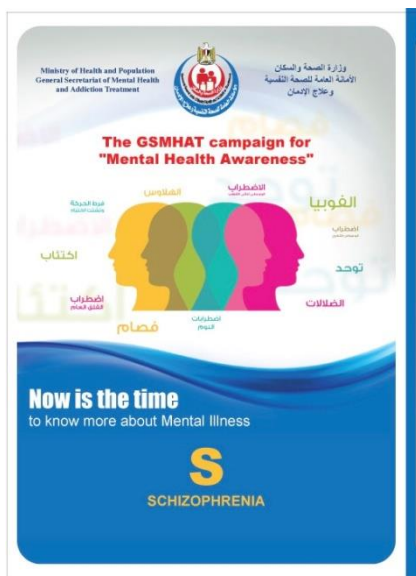
9.2 Publications of the General Secretariat of Mental Health and Addiction Treatment

FLYER:

1- Publications of the General Secretariat for Awareness of Mental Illness (figure4)

- Bipolar disorder
- Psychological disorders in children and adolescents
- Depression disorder
- ECT sessions
- Anxiety disorder
- Obsessive–compulsive disorder
- Sleep disorders
- Schizophrenia disorder
- Eating disorder

Figure (4): example of Publications of the General Secretariat for Awareness of Mental Illness.



Booklets:

- 1– National research on addiction – rates of drug use and addiction in Cairo.
- 2– National research on addiction – rates of use and addiction of drugs and alcohol.
- 3– National research on addiction – prevalence rates of drugs and alcohol in central and southern Upper Egypt.
- 4– The national information campaign for the prevention of drug use among young people.
- 5– Manual of therapeutic affairs.
- 6– Study the impact of the national media campaign.
- 7– Manual of mental health hospitals affiliated of GSMHAT.

9.3 Media and public relation activities:

- Coverage of the activities of the General Secretariat of Mental Health and the treatment of addiction, through the various media "Radio – Televisions – newspapers", as well as through various sites of the Secretariat "Social networking sites: Facebook – Twitter – across the various departments.
- Follow up what was published through the various media and respond to what was required to respond to them.
- Coverage of the different training courses for all groups working in the hospitals of the General Secretariat "Doctors – Nursing – Psychologists – Social-administrative specialists."
- Publicize the hotline and publishing it as widely as possible, started of the second phase of the Hotline for receiving inquiries on various medical topics and providing medical advice from 17 March 2016.
- Media coverage of various events among the mental health hospitals of the General Secretariat.

- Media coverage of the meeting of rehabilitation and community psychiatry units to announce the annual rehabilitation.
- Media coverage of the sports tournament of the Abbassia Hospital (2016–2017).
- Coordination through the various radio and television programs for the dissemination of the Secretariat of Mental Health and awareness campaign for mental illness as well as the hotline of mental health services.

10. Research field of Mental Health and Addiction Treatment

Governmental Health sector

(Sixth domain)

(Data collected from research unit of GSMHAT, research department of Ministry of Health and WHO Eastern Mediterranean Regional office in Cairo).

One of the important goals of General Secretariat of Mental Health and Addiction Treatment is to develop research in mental health services, with regular update for prevalence rates of different mental disorders in the society. Main target for research also include creating a list of indicators to monitor the quality of general and specialized services.

10.1 History of research conducted under supervision of GSMHAT:

1– National Research on Addiction (Phase I 1996)

The first report was published on 12 March 1996 (Yahya Al-Rakhawi et al., 1996). It covered 5 governorates (Al-Gharbia, Fayoum, Alexandria, Beni Suef and Beheira) with a total of 16,635. , And the most commonly used materials were cannabis. The report included several data, and the recommendations focused on systematic and complementary research aspects.

2– National Research on addiction (second phase 2005)

The results of the second phase were announced in June 2005 (Mohamed Ghanem et al., 2005) for the years 2003/2004. This phase included 9 governorates in two stages (Giza – Port Said – Assiut – South Sinai – Sharm El

Sheikh) as the first stage. Qalqilya, Dakahlia, Kafr El Sheikh, Damietta, El-Beheira) with a total of 38,600 persons, representing about 0.2% of the population. The most commonly used were cannabis, banjo, beer and alcohol, and medical drugs. The rate of systematic abuse was about 12.6%. The report did not address only the research aspects in its recommendations, but was concerned with the real aspects of tackling the problem ⁽⁶⁾.

3– National Mental Health Survey of Egypt: One-year Prevalence of Mental Disorders in Upper Egypt 2007.

This study was supported by a research grant from WHO EMRO 2007 to Mental Health Secretariat, Ministry of Health as one step within the chain of collaborative work between WHO Eastern Mediterranean Regional Offices in Cairo which helps to establish the epidemiological survey of the mental illness in the whole of Egypt. (Emad Hamdi et al., 2007). The 12-month prevalence of mental disorders where 5131 subjects were studied and the results showed that the great majority of individuals studied (63.5%) have no or minimal symptoms of mental disorder, (17.6%) exhibit subclinical symptoms where the degree of distress and disability do not amount to a level of where a need for care or treatment is identified. The remainder, (951 , 19%) are either likely to be cases of mental disorder, definite cases, cases in remission, or cases undergoing treatment with variable degrees of symptom improvement.

4– National Research on Addiction (Phase III 2009)

This phase included 8 governorates: Suez, Ismailia, Alexandria, El Gharbeya, Beni Suef, 40083 tested. This percentage represents 0.25% of the target population age, with a population of 72 million, and 68.2% of the Egyptian population ⁽⁷⁾ (Emad Hamdi and his colleagues, 2009).

5– Research on the impact of the national media campaign to prevent the use of drugs among young people and adolescents (2010).

The National Media Campaign against Addiction aims at changing the beliefs, attitudes and behaviors of young people (10–18 years) and their families towards the use of narcotic substances. This leads to a decrease in the actual use of these substances, accompanied by the installation of concepts that reduce the likelihood of their use in the future (Noha Ahmed Sabry et al., 2010). The questionnaire was applied to 5,000 adolescents (6), of which 4828 were completed, with 96.5%. The youth sample is divided into 4.71% of males and 28.6% of females, 2 representing the age group of 10–18 years. The questionnaire was also applied to 5,000 adolescent parents or mothers, of which 4892 were completed, 97.8% of them.

6– Study of the impact of the national media campaign against the stigma of mental illness (2011).

This study examined the impact of the first national media campaign in Egypt against the stigma of mental illness. The report was based on a cross-sectional study of 2,773 subjects representing a semi-random sample close to the representation of the basic categories of adults in society in terms of

gender, age and employment. In terms of the high percentage of those who were more educated than in the community (Albert Edward Sedrach et al., 2011).

7– National Research on Addiction (Phase IV 2011)

The governorate of Cairo (Emad Hamdi et al., 2011) and the number of participants in the sample 38608 examined Cairo residents, distributed in different neighborhoods with a focus on the most crowded and less affluent than others. According to the Central Agency for Public Mobilization and Statistics (CAPMAS) 2009, the sample of the sample was about 0.87% of the total population, which is sufficient to study any phenomenon.

8– One Year Prevalence of Common Mental Disorders in Cairo: Community Survey 2012.

This study was only possible through a research grant from WHO EMRO (2009) to the Mental Health Secretariat, Ministry of Health. We wish to express our gratitude for the continuing collaboration and support given to research by the WHO Eastern Mediterranean Regional Office in Cairo(Emad Hamdi et al., 2012). The one year prevalence of common psychiatric disorders in Cairo is 18.4%. In Cairo, anxiety disorders are the most prevalent category of mental disorders (16.86%) followed by mood disorders (9.4%).

9– National Research on Addiction (Phase V 2014).

The governorates were Marsa Matruh, Red Sea, North Sinai and South Sinai. The research included 11606 subjects (Emad Hamdi et al., 2014). As coastal

provinces suffer a higher rate of drug use and addiction than a large number of internal governorates, except Cairo. The coastal provinces share this with some other coastal provinces, such as Alexandria and Suez. Which leads to the belief that these provinces consume a larger proportion of the drugs that pass into Egypt through.

10–National Research on Addiction (Phase VI 2014)

It included 16,186 subjects from the governorates of Minya, Sohag, Qena, Luxor and Aswan (Emad Hamdi et al., 2014). 1 in 5 (20% of the sample) in Upper Egypt used drugs or alcohol even once in a lifetime while the number of people currently using drugs was 19%. It was found that the most affected governorates are Sohag and the smallest is Luxor. The most commonly used substances were cannabis and banjo followed by tramadol and tampol tablets.

11–National Research on Addiction (Consolidated Report 2015)

The combined report of the national research stages of addiction, which includes 106480 examined from all Egyptian governorates from 2005 to 2012. (Hisham Ahmed Ramy et al., 2015). Total misuse of alcohol or drugs in the Egyptian governorates was 20.6%. The highest percentage was in Cairo, where it reached 33% of the users, followed by the cities of Central and South Al Sa'id by 22.4%.

12–Mediterranean Survey on Mental Health, Substance use & abuse among secondary schools students in Egypt (2016).

The Study was performed in April 2016 to screen the Substance use and abuse among secondary school students in Egypt. It is meant to describe the true

magnitude of the substance abuse problem among Egyptian adolescents (Menan Rabie et al., 2016).

The sample selection was prepared by a committee of experts in statistics and community medicine. They chose 3 governorates, each representing an Egyptian geographical region. They were 61 schools from Cairo (the capital), 34 schools from Al-Menoufia (representing lower Egypt Delta), and 34 schools from Assiut (representing Upper Egypt). The calculated sample size was 5000 for Cairo governorate and 3500 for each of Assiut and El-Menoufia governorates. In Each school, a systematic random sampling was followed to select different classes in each school.

The majority of the students were familiar with the names of all available substances: Cannabis, Tramadol and alcohol the most notorious. Nicotine (cigarettes and water pipe) were the most commonly used substance by the relatives of female students, and the friends of male students. Cannabis was the most commonly used substance among relatives of both male and female students. Among the friends of male students the anabolic steroids were frequently used as well.

13-“National Survey for Mental Health in Egypt” One Year Prevalence of Common Mental Disorders (2017).

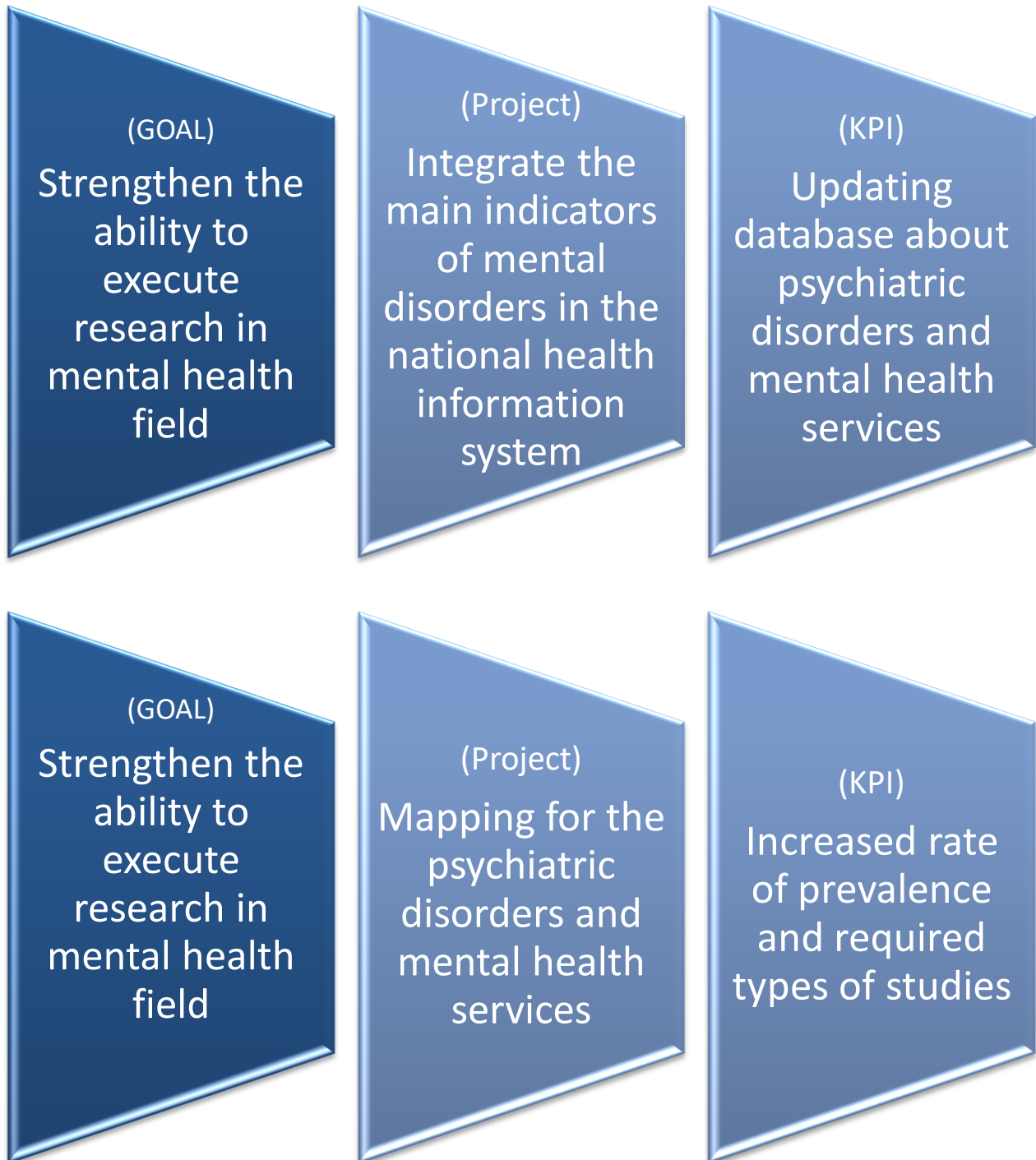
The ultimate goal of this national survey was to provide the general secretariat of mental health with the accurate data on the current status of mental health problems for fulfilling its primary aim of establishing “accessible” mental health

services covering the whole population with mental health problems in balanced way with proper geographical distribution ((Noha Ahmed Sabry et al., 2017)).

It was a cross-sectional survey of a random sample of adults residing in households in Egypt using a standard assessment. The sample was designed to be representative at the level of all governorates of the Republic. The estimated sample size was 22 thousand households distributed in the urban and rural governorates distributed proportionately with the size of families in the governorate.

The most prevalent disorders were mood disorders (specifically major depressive disorders) and substance abuse disorders (43.7% and 30.1% of the sample respectively). The findings of this study were less than findings about the frequency of psychiatric disorders in the community detected in most studies worldwide.

10.2 The future



10.3 Researches in progress:

1– National research on addiction (prevalence of drug and alcohol use in the Arab Republic of Egypt) 2017–2018.

Egypt, has been conducting “The National Addiction Survey in Egypt” to study the substance abuse problem in Egypt. A total number of 30000 Adult Egyptians were included in the household survey. Aims are to study the prevalence of substance use and abuse in Egypt, as well as the different patterns of abuse within the framework of the national study and to find the cultural determinants and risk factors of substances disorders .

2– Mapping of addiction treatment services and mental health in the Ministry of Health and Population for adults in Egypt.

The map of addiction services in Egypt represents a type of new study of so-called medical geography that focuses on spatial analysis to measure the availability and delivery of health care to the population, and how to allocate resources. To identify the size of the problem and the systems in place to provide treatment services addiction in explaining the structures of therapeutic systems and efficiency to reflect the interaction between the practice of treatment professionally and the real situation of providers of therapeutic services.

11. Discussion and recommendations

11.1 Mental health policy and legislations:

- Current Mental Health act in Egypt applied on mental health hospitals affiliated to Ministry of Health (Governmental and Private sectors) but not applied on University Hospitals and Military Hospitals, so the policy makers should be propose for broadening of application to applied mental health act on University Hospitals and Military Hospitals.
- Mental health act articles applied at mental health hospitals, thus the articles should be modified to be applied for ECT in outpatient clinics and to protect rights of mental ill patients outside hospitals.
- Policies and procedures for psychiatric community and rehabilitation in governmental mental health sectors need to be optimized to international standards.
- Strategic plan of GSMH as a governmental body of mental health services void of individual hospital strategic plans, and contains only the plans of the GSMH. This would give GSMH time to develop the hospital manager's skills, and train them on formulating and presenting their own plans, that would eventually fit into the overall strategic plan. It would also give the managers time develop their own missions and visions and realistically assess their current situation.

11.2 Mental Health Services:

- Strengths:
 - High level of autonomy in making decisions regarding psychiatric hospitals.
 - Good expertise and experience in management in the MHS
 - Central geographical location of the MHS

- Limited number of psychiatric hospitals (18), thus allowing proper monitoring and control.
- Availability of large number of personnel from hospitals to be recruited in MHS.
- Providing the majority of psychiatric care bed capacity in Egypt
- Hospitals have a good geographical distribution
- Low competitive price of services provided
- Serving a large population of patients
 - Weakness:
 - Lack of community coverage by MHS services
 - Lack of psychiatric services in general hospitals
 - Deficiency in the Rehabilitation and after treatment care
 - Poor IT infrastructure
 - Lack of clear plans for future development
 - Lack of competitive strength against private market
 - Poor reputation of services due to being a public service provider
 - Limited financial abilities and returns
 - Inadequate financial distribution
 - Poor data utilization in decision making at level of hospitals
 - Poor morale of employees
 - No quality accreditation of hospitals
 - Lack of professional HR management
- Catastrophic gap between proposal budget for mental health services and actual one.
 - Opportunities:
 - Increased awareness level to psychiatric disorders in general public and subsequent increase in number of clients.

- Availability and low cost of new IT solutions.
- Increased societal demand for better coverage of mental health services in governorates.
- Change service type from inpatient based to community and outreach based services.
- Possibility of international cooperation with other countries and NGOs in mental health care.
- New legislation of mental health services.
 - Threats:
 - Loss of market share and positioning due to better private competitors
 - Mental health services receives limited funding on the national level
 - Bureaucracy and prolonged governmental paper work in Egypt
 - Loss of key staff due to better job offers from private market and outside markets
 - Dependence on outside contractors for renovations and construction of new buildings.

11.3 Primary care sector:

- In primary health care, mental health issues were included recently and training of primary health care providers on mental health has been initiated. Also, the referral system to mental health professionals in primary health care is not full established.
- Enlarging the training role of multidisciplinary teams in all mental health facilities and primary health care units are mandatory.
- Enhance the referral system between primary care units and mental health hospital.

11.4 Human resources:

- The Numbers of all the health team is still less than the international standards; however GSMHAT provide continuous training to raise up the skills, knowledge of the health providers.
- Lack of adequate numbers should be managed appropriately with increasing numbers of workers. Also each nurse main job should be confined to the care of the patient and not to be overloaded with security issues.

11.5 Awareness for mental health:

- Mental illness remains one of the darkest corners in Egyptian community. Ashamed and embarrassed, Egypt has launched campaigns to increase awareness of mental health. These campaigns are usually in collaboration between the government, NGOs, professional associations, and international agencies.
- While at the moment, there is no tool for measure of how successful these campaigns have been, however the positive achievement of this campaigns can be reflected on mental health services.
- There should be an improvement in the rehabilitation programs in the community that help discharged patients to merge normally in the community and post discharge follow up protocol these programs should offer social support and financial support together with properly tailored health education programs directed towards solving the self-stigma problem.

11.6 Research field:

- Understanding the obstacles will help in promoting research and guiding the service providers to implement integrated pathways, which will eventually lead to significant improvement of psychiatric health care services in Egypt.
- Encouraging/support research in the field of mental health.

12. Conclusion

- Assessment of mental health system in the governmental sector in Egypt revealed a large gap in the financial budget available for the services and showed a significant shortage of human resources provided for services.
- Major challenges in mental health hospitals are reforming the services from general to subspecialties, enhancing the community and rehabilitation services, raising implementation of mental health act articles inside the hospitals and building capacity of mental health providers.
- Egypt has a mental health act and well developed national mental health strategy at Ministry of health, which is very hopeful if applied in field of the service.
- Mental health research and mental health awareness in Egypt are promising, although inadequacy of resources.
- Egypt with huge population need to expand the primary care service, which is still undeveloped by full capacity, taking into consideration the primary care is the most accessible service for mental ill patient.
- Procedures organizing the discharge process of forensic psychiatric patients should be modified to take shorter duration as it may extend up to one year and this is too annoying and time consuming with no benefits to patients or the community.
- Addiction treatment services in a continuous increasing in Egypt, presence of stockholders in this field as NGOs and Ministers can promote the services.

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